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WELFARE in REVIEW

MARCH 1967

Social Welfare Manpower Statistics
A Conceptual Analysis

A Review of "Social Indicators"

Maintenance of the Medically Needy

U. S.
DEPARTMENT
OF HEALTH,
EDUCATION,
AND WELFARE

Welfare Administration

Children's
Bureau

Bureau of Family
Services

Office of Juvenile
Delinquency and
Youth Development

Cuban Refugee
Program

WELFARE in REVIEW

Welfare in Review is the official publication of the Welfare Administration. Statements in Review articles do not necessarily reflect official policies of the Welfare Administration.

Welfare in Review published ten times a year is prepared in the Division of Research, Office of the Commissioner, Welfare Administration.

Suggestions or comments should be addressed to Ruth C. Galaid, Editor, Welfare in Review, Welfare Administration, 330 Independence Avenue, S.W., Washington, D.C. 20201.

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Use of funds for printing this publication has been approved by the Director of the Bureau of the Budget July 22, 1963.

Welfare in Review is for sale by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. Price $3.00 per year; $1 additional for foreign mailing. 35 cents per single copy.

U. S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE

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Volume 5 Number 3

MARCH 1967

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Some Conceptual Issues in Social Welfare Manpower Statistics

JEAN K. SZALOCZI*

This article focuses on some conceptual issues which must be resolved for effective development and use of manpower and training statistics on social work and social welfare personnel. In particular it is concerned with the implications of these issues for manpower supply and demand forecasting.

Francis Bacon once said "Time .... moveth so round that a forward retention of custom is as turbulent a thing as an innovation." His words somewhat understate the situation in social welfare manpower today. Although the last major survey of social welfare manpower was made in 1960, informed observation reveals many and profound changes in the field even during the six years since the study was made. For example, our view of the field has now been broadened to include indigenous workers. We must now consider the relationship of auxiliary personnel such as day care aides, homemaker aides, and neighborhood workers. The growth of ancillary programs in social welfare agencies such as consumer education, housing, and legal services forces us to consider the relationship of other professions such as law, home economics, etc. to the field of social welfare and the occupation of social work. New ways of structuring the welfare task which affect supply and demand are summarized by Schwartz[1] and by Barker and Briggs.[2]

* *Division of Research, Welfare Administration.*

[1] *Edward E. Schwartz, "A Strategy of Research on Manpower Problems" in Edward E. Schwartz ed. Manpower in Social Welfare, National Association of Social Workers, New York, N.Y. 1966.*

[2] *Robert L. Barker and Thomas L. Briggs, Trends in the Utilization of Social Work Personnel: An Evaluative Research of the Literature. National Association of Social Workers, 1966 (Mimeographed).*

Innovations have been developed largely along two dimensions: organization of service delivery systems using more categories of personnel and introduction of new service programs that utilize different types of personnel than the more traditional service patterns. Innovations in organization of service delivery systems most often have involved sorting out cases for assignment to different types of workers or sorting out tasks with different types of workers being given different categories of tasks. The familiar "team" approach operates somewhat differently in different settings. In welfare agencies the team is most often composed of an M.S.W. (master of social work) worker as team leader and bachelor's-degree workers as team members whereas in psychiatric and medical settings the team leader is often a physician or psychiatrist with the social worker, usually with a master of social work degree, serving as a team member. More recent are the "case bank" and "episode of service" methods which combine some of the features of all three older approaches--the case-assignment, the task-assignment, and the team approach. Needless to say, the different approaches have a differential impact on manpower demand.

Among innovations now being debated which will affect the social welfare manpower situation are the Guaranteed Minimum Income and the Neighborhood Service Center. Although such new approaches are expected to make good use of college and less than college workers, the backlog of social needs uncovered by such programs may sharply increase felt need for more sophisticated social services. One development which has increased manpower

demand is the "child abuse laws" enacted by most States. These laws, in general, protect the physician and hospital from liability in reporting cases of suspected child abuse and make such reporting obligatory. Many troubled families needing relatively sophisticated social services first come to the attention of social agencies as a result of reported abuse. During the first year of operation of the Illinois Child Abuse Law nearly 500 cases of suspected child abuse were reported and registered.[3] Manpower demand created by cases found under the child abuse law not only calls for sophisticated casework services but also for law enforcement personnel, medical and psychiatric staff and ancillary services such as foster care, homemaker and day care.

Public welfare, itself, is undergoing a process of rapid change in both numbers and kinds of personnel.[4] The total number of executives and social workers employed by public welfare agencies has increased steadily from close to 35,000 in 1950 to more than 41,000 in 1960 and to just over 57,000 in 1964. The variety of specialized skills has increased even more rapidly.[5] As an example, "Operation Bootstrap," demonstration projects under Section 1115 of the Social Security Act, resulted during 1966 in the establishment in 11 States of 81 professional-level positions that were new types for those States. Work Experience Programs operated under Title V of the Economic Opportunity Act of 1964 have trained sub-professional and other ancillary personnel, primarily homemakers, community worker aides, day care workers, consumer education aides, and aides in services for the elderly.

In summing up the situation, the Advisory Council on Public Welfare said: "Today's public welfare programs not only need workers at the graduate, undergraduate, technical and vocational levels, but also allied personnel, such as behavioral and social scientists, lawyers, home economists, educators, medical personnel and health workers, skilled administrators and allied personnel ..."[6]

Major Sources of Social Welfare Manpower Statistics

Current information on the numbers of social workers in the United States or in given programs suffers from the variety of definitions used in identifying the population of interest. The term "social worker" has been used in different studies to designate: (1) persons with a degree of master of social work; (2) persons performing tasks that usually, frequently, sometimes, or ideally are performed by someone with a master of social work degree; (3) persons performing social service tasks; (4) persons who identify themselves as social workers; and (5) persons identified by their employers as social workers.

Statistics on social workers collected by the National Association of Social Workers and statistics on social work education collected by the Council on Social Work Education are based on the first definition above, i.e., persons with (or candidates for) a master's degree in social work. The U.S. Bureau of Labor Statistics' Survey of Scientific and Technical Personnel Employed by State Governments is based on a combination of definitions "1" and "2" and calls for in-

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[3] *Illinois Child Abuse Law: A Survey of the First Year of Operation.* Department of Children and Family Services, State of Illinois, November, 1966.

[4] *For a discussion of both forces for change and implications for manpower development see Arthur Blum Differential Staff Utilization: Implications for Training (Mimeographed), paper presented at the American Public Welfare Association, National Biennial Conference, Chicago, Ill., December, 1965.*

[5] *An initial effort to formalize differential use of staff with different education is described in Utilization of Social Work Staff with Different Levels of Education for Family Services in Public Welfare, Welfare Administration, Bureau of Family Services and Office of the Secretary, U.S. Department of Health, Education, and Welfare, Division of State Merit Systems.*

[6] *Having the Power, We have the Duty: Report of the Advisory Council on Public Welfare, Welfare Administration, U.S. Department of Health, Education, and Welfare, Washington, D.C., June 1966.*

Table 1 SOCIAL WELFARE WORKERS AND RECREATION WORKERS[1]

Estimates of Specific Categories

Occupational Category	Employed in U.S. in 1960			Hours worked per week		With annual salary of		Aged 24 or under		Aged 45 and over	
	Total	Men	Women	40 hrs.	Under 35 hrs.	Less than $4000	$10,000 or over	Men	Women	Men	Women
Census - Social and welfare workers (except group)[1]	95,103	34,563	60,540	45,928	9,934	21,608	1,985	2,674	5,531	11,994	30,603
Bureau of Labor Statistics - Social and welfare workers (excluding recreation)[2]	105,351	43,047	62,216	26,727	1,028	16,453	6,170	1,717	4,657	14,659	32,561
Census - Recreation and group workers[1]	37,487	21,512	15,975	9,706	22,650	18,996	821	7,350	5,522	5,484	4,973
Bureau of Labor Statistics - Recreation workers[2]	10,448	6,902	3,520	2,843	305	2,820	([3])	611	333	1,834	1,467
Census - Social and welfare workers (including group)[1]	132,590	56,075	76,515	55,634	32,584	40,604	2,806	10,024	11,053	17,480	35,576
Bureau of Labor Statistics - Social and welfare workers (including recreation)[2]	115,799	49,949	65,736	29,570	1,333	19,275	[4] 6,170	2,328	4,990	16,493	34,028

[1] *U.S. Bureau of the Census, U.S. Census of Population, 1960, Subject Reports, Characteristics of Professional Workers, Final Report, PC(2) - 7E, U.S. Government Printing Office, Washington, D.C., 1964.*

[2] *National Social Welfare Assembly, Inc., Salaries and Working Conditions of Social Welfare Manpower in 1960, New York.*

[3] *Fewer than 5.*

[4] *May be as many as 6,175.*

clusion as social worker personnel "all persons working as social workers who either have a master's degree in social work (M.S.W.) or who are working at a level requiring knowledge equivalent to that which would be acquired in obtaining the M.S.W. degree." [7] The recent major study, *Closing the Gap in Social Work Manpower*,[8] is a combination of demand and needs study and, although it defined social workers by a field definition of type of task performed (the second definition), used data from a variety of sources. This meant, of necessity, using different definitions according to the custom in the various programs supplying data for the study.

The two major sources of statistics which give estimates of the total number of social welfare workers in the United States and which do use more inclusive definitions are the 1960 United States Census of Population [9] and the 1960 survey [10] of social welfare workers conducted by the U.S. Bureau of Labor Statistics in cooperation with the National Social Welfare Assembly and the Department of Health, Education, and Welfare.

Methods that were used in collecting these two sets of statistics, although dissimilar, might be expected to yield roughly similar estimates of the total number of social workers in the United States. As can be seen in Table I, the estimated total number is, in fact, roughly similar but examination of some specific character-

[7] *Instructions for a Survey of Scientific and Technical Personnel Employed by State Governments - 1964, U.S. Department of Labor, Bureau of Labor Statistics.*

[8] *Closing the Gap in Social Work Manpower, U.S. Department of Health, Education, and Welfare, Washington, D.C., 1965.*

[9] *See in particular U.S. Bureau of the Census, U.S. Census of Population: 1960. Subject Reports. Characteristics of Professional Workers. Final Report PC(2)-7E, U.S. Government Printing Office Washington, D.C., 1964.*

[10] *Salaries and Working Conditions of Social Welfare Manpower in 1960, National Social Welfare Assembly, Inc., New York. The survey was conducted by the U.S. Bureau of Labor Statistics in cooperation with the National Social Welfare Assembly and the U.S. Department of Health, Education, and Welfare. A previous study, also conducted by the U.S. Bureau of Labor Statistics, is Social Workers in 1950. It was published by the American Association of Social Workers, Inc., New York.*

istics indicates that the two sets represent different populations.

Census information on occupation is based on either self-report or the report of a member of the household about the worker. Two categories of social welfare workers were coded: (1) "Social and Welfare Workers, Except Group" and (2) "Recreation and Group Workers." In some tabulations the two categories were combined to give: "Social and Welfare Workers, Including Group."[9] Examples of some job titles and occupation responses that were coded "Social and Welfare Workers, Except Group" are: Hospital Admissions Worker, Attendance Officer, Case Worker, Children's Counselor, Child Welfare Consultant, Community Chest Officer, Crime Prevention Worker, Detention Attendant-Juvenile Court, Group Social Worker and Health Education Worker. Examples of some job titles and occupational responses that were coded "Recreation and Group Worker" are: Activities Counselor-YMCA, Boy's Counselor, Community Center Director, Director-Playground, Director-Youth Center, Director of Scout Work, District Leader-Boy Scouts or Girl Scouts, Group Leader, Group Leader-Settlement House, Group Worker, and Group Worker-Settlement House.

The Bureau of Labor Statistics survey was based on a questionnaire mailed to a sample of social welfare workers who had previously been listed through employing establishments.[11] Types of positions to be included were supplied employers as a guide for defining social welfare workers. Some examples of included positions are: Program Analyst, Director of Field Services, Editor of Social Welfare Publication, Personnel Director, Research Analyst and Training Supervisor. Among the types of positions that were specifically excluded are Accountants, Medical Personnel, Clerical Workers, Home Economists, Personnel Technicians and Psychologists. Recreation personnel included are Recreation Director, Recreation Leader and Recreation Therapist.

[11] *Establishments contacted included public and private agencies and organizations expected to employ social welfare workers. Some of the difference between the Bureau of Labor Statistics and the Census estimates of the number of social welfare workers may stem from a possible under-representation of playgrounds and other purely recreational establishments in the B.L.S. survey.*

Choice of Basis for Occupational Identity

Before statistics adequate to our needs can be developed some conceptual issues must be confronted. One particularly difficult problem is choosing the base for occupational identity. Regardless of whether we regard new specialties as being new occupations in social welfare or simply as specializations within the occupation of social work, we must choose the basis for categorizing a worker as either a social worker or not a social worker. The appropriateness of a given category depends in part upon the specific uses of occupational statistics being collected. Chart I gives some examples of persons who could be counted in different occupational categories depending upon the basis for identifying occupation.

In general, statistics may be collected with occupations defined on the basis of

a. ... training or skills and knowledge possessed. A great majority of persons can fit into more than one category when "occupations-as-trained" is the basis for occupational identification. The skills and knowledge content of any one occupation does not remain fixed in time. Individuals learn the skills of new occupations. One difficult decision is when to regard the acquisition of new skills as acquiring a new occupational identity and when to regard it as simply specialization within an occupation.

b. ... performance. The duties and responsibilities of the position occupied determine the occupational classification of the occupant. In general, a person would fall into only one category unless categories are overlapping. For example, if

Chart I OCCUPATIONAL CATEGORIES BASED ON TRAINING OR EMPLOYMENT

Example of persons who might be counted as "social workers" depending on whether area of training, duties and responsibilities of their present job or field of work (work setting or industry) is used as the basis for identifying occupation

TITLE OF POSITION AT TIME OF STUDY	EDUCATION AND TRAINING				ALTERNATIVE OCCUPATIONAL CATEGORIES
	Undergraduate degree in:	Graduate degree in:	In-service training	On-the-job specialization:	
A. Director of county welfare dept.	Psychology	Social work	Social work and administration	Administration	Social Welfare Administrator, Public Administrator, Administrator, Social Worker or Social Welfare Worker
B. Caseworker, county welfare dept. --carries caseload of AFDC & child welfare cases	Psychology	None	Social work	Agency program (Welfare)	Social Welfare Worker, Social Work Technician, Child Welfare Worker or Social Worker
C. Research specialist, State welfare agency-- evaluates effect of intensive case-work project	Psychology	Psychology	None	Agency program only	Social Welfare Worker, Social Worker, Psychologist or Social Scientist
D. Counselor, city vocational Rehabilitation Agency	Psychology	Social work	Vocational rehabilitation	Agency program only	Psychologist, Vocational Rehabilitation Counselor, Social Worker
E. Clinical Psychologist, consults on children's developmental & behavior problems, administers diagnostic tests, etc. City Welfare Agency	Psychology	Social work (M.S.W.) Psychology (Ph.D.)	Social work	Learning problems of children with early cultural and physical deprivation	Clinical Psychologist or Child Psychologist, Social Worker or Social Welfare Worker
F. Clinical Psychologist, consults on children's developmental and behavior problems, administers diagnostic tests, etc., City School Systems	Psychology	Social work (M.S.W.) Psychology (Ph.D.)	Social work	Learning problems of children with early cultural and physical deprivation	Psychologist, Clinical Psychologist, Social Worker, Social Welfare Worker or Educational Worker
G. Director, Social Services Dept. in Municipal Hospital for aged and chronically ill.	Psychology	Social work	Medical care administration	Medicare and Medicaid Title XVIII & XIX of the Social Security Act	Administrator, Public Administrator, Social Welfare Administrator, Social Worker or Health Worker

the occupations "social workers" and "mental health workers" both occur in the classification scheme, some persons would fit equally well into either of these categories since some mental health workers are social workers and some social workers are mental health workers. Special problems arise when occupations at different levels of specialization occur in the same system, as, for example, if "social workers," "clinical social workers" and "medical social workers" appear in the same system.

c. ... the institutional or social structure. This corresponds more to the general concept of "industry" than to "occupation." In this sense, all persons working in school systems are working in the "industry" of education regardless of their particular job or specific knowledge and skills possessed. All persons working in social welfare activities may

be viewed as being in the "industry" of social welfare regardless of their specific job or the knowledge and skills they possess.[12] There has been some tendency in the past to use the term "social work" both in the sense of an occupation and in the sense of an "industry" resulting in much confusion. The question of where to set the boundaries of the industry of social welfare, what activities to include and which to exclude, is a problem for which there is no universal solution. That social welfare has become an industry seems clear. There seems to be a set of activities--including, for example, such jobs as caseworker in a hospital, parole officer, neighborhood worker in a community development program--that are more like one another, in spite of their variety, than they are like other areas of activities such as education or medical care. It also seems clear that these activities center around a core profession of social work but that other types of skills are used in conjunction with, and sometimes instead of, social work to achieve some of the same ends just as in education there are administrators, counselors and teacher aides in addition to the core profession of teaching.

Program-oriented statistics (excepting, of course, in training programs) are generally most useful if they count occupations-as-working since these statistics give the current supply of that occupation. Categorization of students in college or other long-term occupational training programs can only count as occupation-as-trained if the skill-field of current training is identified and it is assumed that a given proportion will actually enter employment in that occupation. Persons enrolled in graduate schools of social work can be counted but only limited inference to the impact on labor supply is possible. A large proportion of social work students will, in fact, eventually enter employment in social work positions. Not all will do so, however. Some will not enter the labor market; some will enter non-social work administrative positions and some will enter jobs that will bring them into the category "social work" only when particular categorization rules are followed.

Occupational statistics should be collected at one point in time and on the basis of occupation-as-employed with completely unambiguous, mutually-exclusive categories all at the same level of specification. If data are collected at different times, changes in the situation will introduce an unreliability factor; that is, a person may fall into one category at one point in time and in a different category at another point. Note Chart II showing the sequence of education and employment of three hypothetical persons who at various times in their careers would be considered to be part of the current supply of social workers. At different times they would or would not be considered to be in the labor force or to be social workers depending on the rules of occupational classification being used which, in turn, depend on the uses of occupational statistics being collected.

Looking over the "careers" of our imaginary persons and taking Person "A" as an example we see that he would be counted as a social worker on the basis of "occupation-as-employed" at Time I; as a potential social worker at Time II on the basis of his then current training. However, at Time III he could be classified as a "social worker" (on the basis of past training) or as a psychologist (on the basis of the then current training). At Time IV he would be classified as a psychologist

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12 *It should be noted that social welfare does not appear as a separate industry in any standard industry classification. For example, in the Census code, personnel in the field could fall into the industries: #879 "Welfare and religious services," #888 "Non-profit membership organizations," or in one of the public administration categories.*

Chart II INDIVIDUAL OCCUPATIONAL IDENTITY OVER TIME

Hypothetical sequencing of work and education for three individuals showing differences in occupations at different points in careers

PERSON	TIME I	TIME II	TIME III	TIME IV
A	Employed as a social worker in a welfare setting	Enrolled in a graduate school of social work	In graduate school, Ph.D. candidate in psychology	Employed as a psychologist by a welfare agency
B	Employed as a social worker in a welfare setting	Enrolled in a graduate school of social work	Employed as a social worker in welfare agency	Employed as a social worker in a hospital
C	Employed as a social worker in a welfare setting	Enrolled in a graduate school in public health administration	Receiving in-service training in public welfare	Employed in administering Title XIX program* in a welfare agency

* Title XIX of the Social Security Act - the Medicaid program.

on the basis of his "occupation-as-employed" and as either a social worker or a psychologist, on the basis of "occupation-as-trained." The correct occupational classification of Person "A" would depend on 1) the point in time at which the classification was made and 2) the basis for occupational identity which depends on the purpose of the statistics being collected. At Time IV, Person "A" could equally correctly be considered as, simultaneously, part of a current supply of psychologists and as part of the short-term potential increment to the supply of social workers. He would, however, be considered part of the current supply of social welfare occupations when all occupations in the field of social welfare are being considered.

Estimating the Future Supply of Social Welfare Manpower

The preparation of projections or forecasts of the future supply of social welfare manpower requires information which is not now available.[13] Needed, for example, is information on the occupational structure of the field, on training and on job mobility.[14] Too little is known about the short- and long-range effects of innovations and variations in use of personnel.[15] The development of social service programs which use workers with a minimum preparation may have the effect of "stretching" the supply of better-trained workers who can concentrate their time on tasks requiring more sophisticated skills. Since many of the programs using

[13] *For a discussion of forecasting in social welfare occupations see John K. Folger, Manpower Demand and Supply in the Social Welfare Professions (Mimeographed) paper presented at the National Conference on Social Welfare, 1966.*

[14] *For a general discussion of needed manpower research in social work see David G. French, Needed Research in Social Work Manpower, U.S. Department of Health, Education, and Welfare, Welfare Administration, Washington, D.C., 1964.*

[15] *For a discussion of problems and issues in forecasting see Manpower Projections: An Appraisal and a Plan for Action, the report of the Working Group on Manpower Projections to the President's Committee on Manpower, to be published.*

substantial proportions of minimally-trained workers (less than college) are preventive rather than therapeutic, the long-run effect, if these programs are successful, would be to reduce the demand for highly trained workers. On the other hand, the unmet need for social services seems to be large and the demand for services great so that the case-finding attributes of the preventive programs may serve to reveal previously latent demand even greater than the previously manifest demand. Only by detailed longitudinal research can we begin to predict long- and short-term effects of innovations in use of personnel.

We need to know more than we do now about movement in and out of the field and from job to job within the field. Analysis of Census data would lead us to conclude that there is a relatively large labor reserve of social welfare workers.[16] This labor reserve seems to be composed largely of women with a bachelor's degree or less than a bachelor's degree. Limited information on attrition in public welfare, largest employer of social welfare workers, would tend to support this hypothesis. Annual separation rates of more than 50% have been reported in certain large cities. Almost nothing is known of workers leaving public welfare jobs. What kinds of jobs do they get? Do they leave the field or merely change jobs within the field? Do they ever return to public welfare employment? To what extent can they be regarded as a potential labor supply which could be mobilized if conditions were right? To what extent is their education and training generic in nature to permit them to move from one setting to another with a minimum investment in retraining?

More information is needed about mobility between positions not requiring an M.S.W. degree and those which do require an M.S.W. degree. We know that a large majority of students entering schools of social work come with prior experience in the field.[17] It might be assumed that there is and will be little or no mobility between subprofessional and indigenous worker jobs and technical and professional level jobs. This assumption is perhaps relatively safe for short-range forecasts but is not safe as a long-range assumption in the face of current rapid innovations in continuing education and on-the-job training.

Forecasts of future short-term and long-term increments to the labor supply would be much easier if we know more about the mobility from one type of position to another. Using the occupation of social work as an example, one paradigm of the structure of manpower supply can be seen in Chart III. The chart assumes that preparation for entrance into social work positions is sufficiently homogeneous so that all social work positions may be regarded as belonging to a single occupational entity even though high skill subtypes may exist within the field. It is assumed in Chart III that renewal of skills for labor market reentry is relatively short term.

If it is assumed, however, that the preparation for different positions is of a character sufficiently distinct that different types of positions must be regarded, in effect, as belonging in separate occupational categories, the situation is substantially more complicated than that shown in Chart III. Using only two categories of workers--those in M.S.W. positions and those in non-M.S.W. positions--the structure of supply is more like that illustrated in Chart IV.[18] The effect of this paradigm as contrasted to that in Chart III is to place those persons who are now in non-M.S.W. positions and who did have the potential for M.S.W. education simultaneously in the current supply of non-M.S.W. workers and in the long-term increment to the supply of M.S.W.

[16] Folger, op. cit.

[17] Arnulf Pins, Who Chooses Social Work, When and Why, Council on Social Work Education, New York, 1963. More than 80 percent of first year social work students had prior experience in social work.

[18] One complication is omitted from the chart. If we assume the existence of a category of persons who have the potential for M.S.W. education but not for non-M.S.W. positions, a three dimensional table would be needed for illustration of the structure of supply. Thus, for present purposes it is assumed that all persons who could receive M.S.W. education could also enter employment as non-M.S.W. workers.

workers. Thus, to the extent that workers now occupying non-M.S.W. positions have an opportunity and opt for an M.S.W. degree, the current supply of non-M.S.W. manpower is reduced but the long-term potential increment to the supply of M.S.W. manpower is increased. Similarly, those workers who are not now in social work positions but who have the qualifications both for non-M.S.W. jobs and for entry into a graduate school of social work are, if they choose non-M.S.W. positions, in the short-term potential increment to the supply of manpower. On the other hand, if they seek an M.S.W. degree, they are in the long-term increment to supply. As Folger's paper[19] so convincingly illustrates, expected decreased demand for teachers between now and 1975 should provide a potential cadre of college graduates with characteristics generally similar to those entering social work. They will not be needed in education and could provide a source of manpower for social work.

Going back to the paradigm in Chart III, if the non-M.S.W. position is regarded as the entrance-type with the M.S.W. worker regarded as a sub-type possessing sophisticated skills for special practice, education, administration and social policy positions, the basic forecasting task is to estimate the number of persons with a potential for college level education and agency training who, under given conditions, can be expected to receive that education and training and enter social work positions. Much information is needed and little is available on the educational preparation of non-M.S.W. workers. A recent study has shown that over 17,000 persons with a bachelor's degree in social welfare or social work are graduated annually.[20] Whether or not a substantial number of these graduates entered social welfare employment is not known. Also, little is known about agency and on-the-job training and the extent to which it can and does prepare the agency-trained worker to move from one setting to another.

Implications for Research

Considerable new information is needed about manpower in social welfare for a better understanding of the current situation, for immediate decisions in operating programs and in educational activities, and as a basis for forecasting manpower demand and supply. Both general purpose and special purpose statistics are needed. The variety of interests in social welfare manpower makes one type of statistics inadequate for all purposes. The Welfare Administration, because of the breadth of its programs and responsibilities, has a need for comprehensive information on social welfare occupations.

Research, to be most useful, must be designed after due consideration of the various conceptual issues and, when possible, should be so designed as to illuminate some of these issues. The question of the appropriate basis for occupational identity must be operationalized. "What kind of positions are occupied by graduates of schools of social work?" is a substantially different research question than "What is the educational preparation of persons occupying social work positions?" The labor pool is composed of those persons actually working in social work jobs. The labor reserve is those persons not working in social work jobs but who have the education and/or experience to do so. Before any useful estimates on the labor reserve can be made we must first find out the education and experience preparation of persons now in the labor pool. The study, *Salaries and Working Conditions of Social Welfare Manpower in 1960*,[21] obtained information on education and experience of social welfare workers in the sample, but rapid growth and change in the field call for new research to map the field as of today.

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[19] *Folger, op. cit.*

[20] *Study by the Council on Social Work Education, to be published.*

[21] *Salaries and Working Conditions of Social Welfare Manpower in 1960, National Social Welfare Assembly, Inc., New York.*

Chart III SOCIAL WORK REPRESENTED AS ONE OCCUPATION

Schematic distribution of current and potential social work manpower in the population of working age.

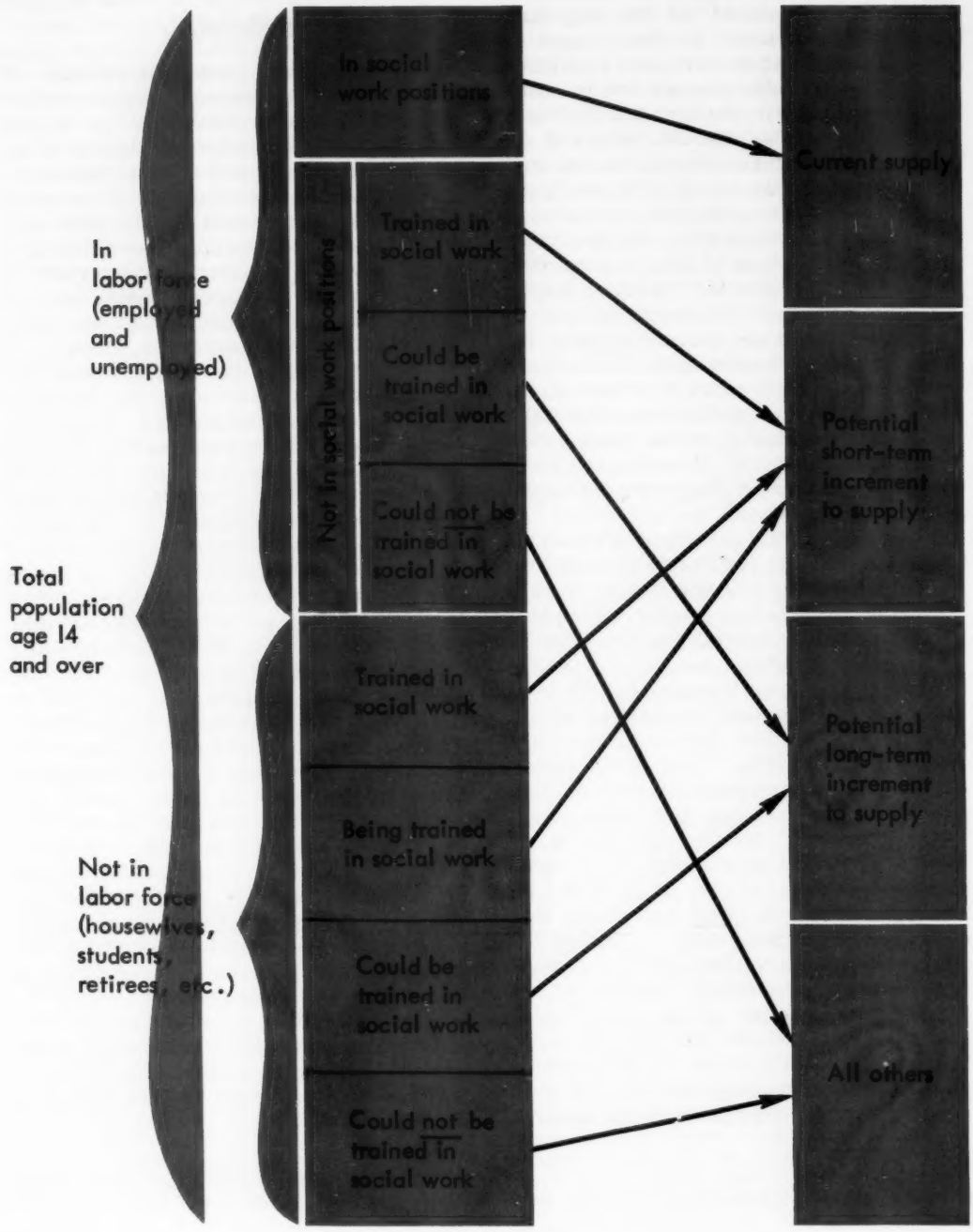
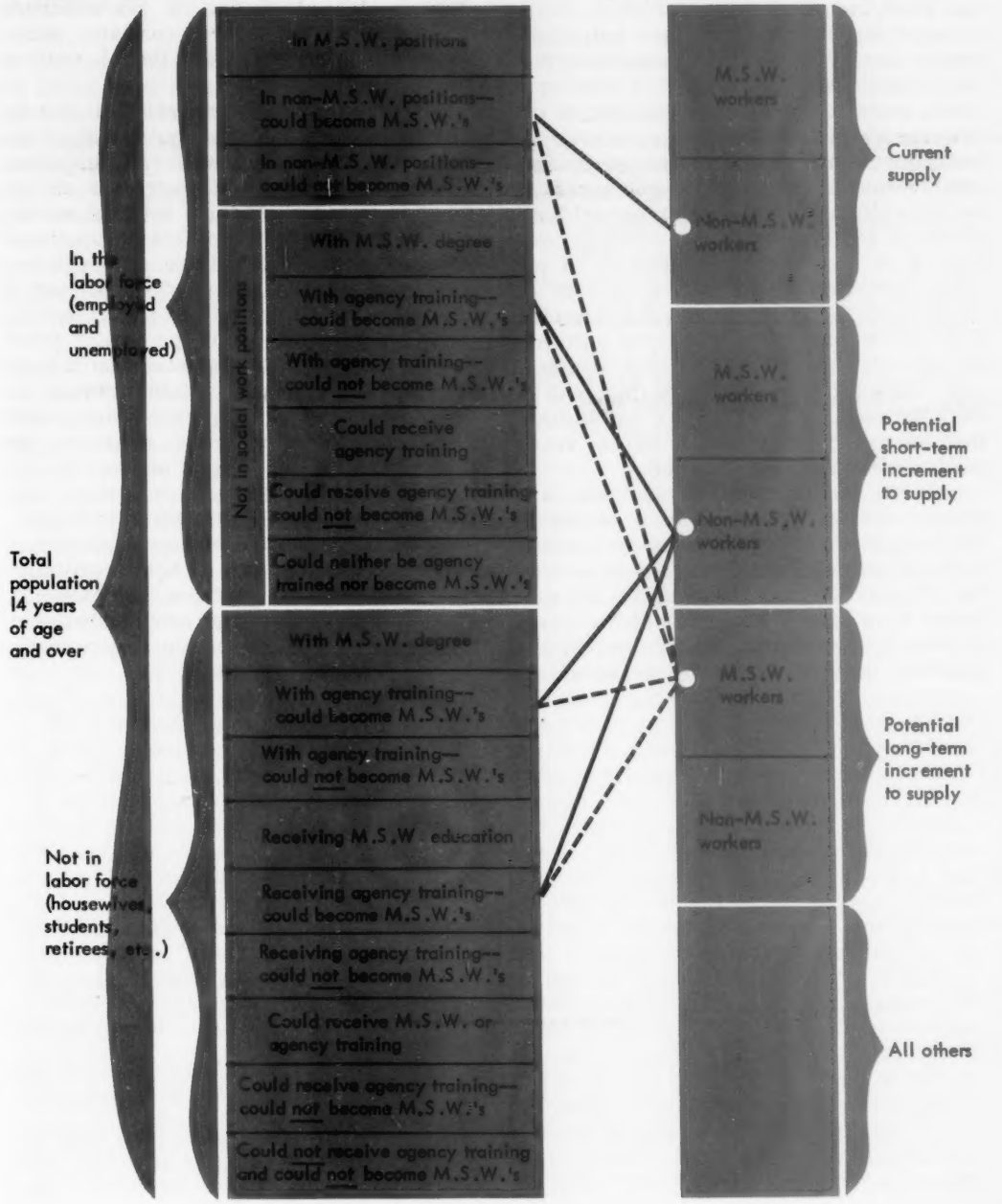

In social work positions
Not in social work positions
Trained in social work
Could be trained in social work
Could not be trained in social work
Trained in social work
Being trained in social work
Could be trained in social work
Could not be trained in social work
In labor force (employed and unemployed)
Total population age 14 and over
Not in labor force (housewives, students, retirees, etc.)
Current supply
Potential short-term increment to supply
Potential long-term increment to supply
All others

Chart IV SOCIAL WORK REPRESENTED AS TWO OCCUPATIONS

Schematic distribution of current and potential M.S.W. and non-M.S.W. social workers in the population of working age. Shows differences in current supply and short and long term increments to the supply if workers opt for an M.S.W. degree rather than entering the labor force with agency training.


In the labor force (employed and unemployed)
Total population 14 years of age and over
Not in labor force (housewives, students, retirees, etc.)
In M.S.W. positions
In non-M.S.W. positions—could become M.S.W.'s
In non-M.S.W. positions—could not become M.S.W.'s
Not in social work positions
With M.S.W. degree
With agency training—could become M.S.W.'s
With agency training—could not become M.S.W.'s
Could receive agency training
Could receive agency training—could not become M.S.W.'s
Could neither be agency trained nor become M.S.W.'s
With M.S.W. degree
With agency training—could become M.S.W.'s
With agency training—could not become M.S.W.'s
Receiving M.S.W. education
Receiving agency training—could become M.S.W.'s
Receiving agency training—could not become M.S.W.'s
Could receive M.S.W. or agency training
Could receive agency training—could not become M.S.W.'s
Could not receive agency training and could not become M.S.W.'s
M.S.W. workers
Non-M.S.W. workers
M.S.W. workers
Non-M.S.W. workers
M.S.W. workers
Non-M.S.W. workers
Current supply
Potential short-term increment to supply
Potential long-term increment to supply
All others

Informed observation suggests social welfare has changed from a situation in which a single occupation--social work--defined the field to one in which activities--the services output--define the field with more than one occupation necessary to the carrying out of these activities. Some occupations in social welfare establishments can be easily recognized and differentiated. For example, it is comparatively easy to identify and enumerate the lawyers who are working in social welfare establishments. On the other hand, discriminating between different types of social welfare workers is a more difficult problem. Developmental research is necessary to identify the clustering of job characteristics to formulate models of occupational entities. If these characteristics tend to cluster in consistent patterns we can infer that we are dealing, in effect, with different occupations. If they tend to vary but not in any pattern we can assume that we are dealing with a single, relatively unstructured occupation.

More and better projections are needed for manpower planning in social welfare. Both general purpose and special purpose projections, if they are to be useful, require as a base accurate and detailed data on the structure of the field, job mobility and training. Research on job mobility must be preceded by research that maps the structure of the field and identifies the training typical of each occupational type within the field. A national study of manpower in social welfare can only be undertaken after developmental research has produced instruments which capture the clustering of job activities to set new but more realistic parameters of present day social welfare positions.

Developmental research will not be simple or easy but will require both attention to detail and scientific imagination. Properly executed, however, it should provide instruments for a national survey that will reflect the present occupational structure of social welfare. Although developmental research may be difficult, it is a necessary first step. A priori definitions of relevant positions would yield data which do not represent innovations in practice and thus would provide an unsafe base for long-range manpower planning. Social welfare is dynamic, not static, and no list of positions can be expected to reflect the field over time. The goal of developmental research is to produce survey methods for repeated use that will obtain information on both traditional types and innovative types of positions, making it possible to add new occupational types as they emerge for a constantly updated model of the field.

On the Social State of the Union

A Review of *Social Indicators* edited by Raymond A. Bauer*

The time for measuring and monitoring the social state of the union has certainly come. A number of recent developments, both within and outside government, have converged to sharpen the concern and quicken the quest for meaningful social indicators.

In a preface to the volume, Bertram M. Gross states that *Social Indicators* "is the first occasion on which the entire field has been surveyed and a comprehensive set of proposals, based upon careful analysis, has been developed." This assessment should serve to invite the reader to explore what is assuredly an important book. Having done so he is then in a much better position to weigh whither goes American society.

Social Indicators is the second volume in the series prepared by the American Academy of Arts and Sciences for the National Aeronautics and Space Administration (NASA) on the impact of the space program on American society. The first effort involved an historical analogy to space exploration--a series of studies on the development of an earlier symbol (at times a scapegoat) of American society--the railroad.[1]

About our society then, just where do we stand? Where are we going? How will we know when we get there? More specifically, what are the yardsticks by which we determine whether or not things are getting better or worse? More colorfully, in the words of Albert D. Biderman, one of the major contributors to this volume, is society improving or "going to hell in a handbasket?"

The present state of the art (and science) of information gathering, its processing and use, is reviewed and certain proposals considered for the improvement of such a system. The ideal information system would be sure to include:

(1) Regularly collected trend series of social indicators;
(2) Established mechanisms for quickly providing access to new developments falling outside the regular trend series;
(3) Some means of securing information feedback relevant to the needs of the agency involved.

Social Indicators is more or less organized to cover the ground implied by these elements.

Gross also states in his preface that he is "tempted to herald it as a major contribution to man's efforts to find out where he has been, where he is, and where he is going," but decides, instead, to place the effort in historical perspective for the reader. Among other things he suggests that the volume is in part a reaction against the "economic Philistinism" of the present statistical establishment and, in this connection, hails the continued development and potential impact of *Trends* and *Indicators*, two Department of Health, Education, and Welfare publications, introduced by HEW's Under Secretary Wilbur J. Cohen during President Kennedy's administration. Gross concludes his remarks by calling for the abandonment of a Ptolemaic perspective in favor of a Copernican revolution and expresses the hope that "as man at last escapes the confines of the earth and explores the solar system, he will at the same time discover and explore as yet unknown vistas in the human mind."

It remains for Editor Bauer, however, to launch the effort, get it off the ground,

*The M.I.T. Press, Massachusetts Institute of Technology, Cambridge, Mass., 1966, 357 pp, $10.00.

[1] Bruce Mazlish, ed., *The Railroad and the Space Program: An Exploration in Historical Analogy*, Cambridge, Mass.: The M.I.T. Press, 1966.

and set it on its course. For the reader in a hurry, he provides a lively introductory essay in which he comments on the nature of the task and the contributions of his colleagues. He comes quickly to the point of the book and underscores its basic assumption, namely: "For many of the important topics on which social critics blithely pass judgment, and on which policies are made, there are no yardsticks by which to know if things are getting better or worse." Bauer is just as quick to point out that the establishment of a valid series of social indicators does not automatically insure the wisdom of program decisions nor the development of sound future policies, but without the benefit of social yardsticks such tasks are made infinitely more difficult.

Albert D. Biderman, in a chapter entitled "Social Indicators and Goals" provides a sociological analysis of the production and use of social statistics. He evaluates the present capacity of social indicators for assessing and directing the social consequences of large-scale programs and finds them wanting. More specifically, Biderman examines ways in which statistical series come into being, and identifies existing barriers to their comprehension and use. He concerns himself with "questions of substance, such as the pertinence, scope, emphases, value implications, and biases of indicators, rather than with such questions as the operational adequacy of samples, data collection methods, or statistical analyses."

Biderman cleverly distinguishes between the indictors and vindicators of American society--the social Cassandras who view with alarm (crime, delinquency, divorce, mental disease, nonvoting, unemployment, the rise of the public debt, and the constant swelling of the public payroll) and the social Pollyannas who point with pride (a revival in religion, the conquest of disease, and the mounting popular quest for knowledge and education). But Biderman does not rest content to ascribe these differing perspectives to irreconcilable differences in values. On the contrary, he argues that "an exceedingly broad level of value agreement exists among Americans." He proceeds, moreover, to examine the relationship between selected national goals and existing indicators and demonstrates that efforts to develop such indicators have lagged far behind (by a generation or more) statements of national goals. Using the crime index as an illustration, Biderman points to the variety of scientific, non-scientific, and pseudo-scientific uses to which such indicators as exist are put and concludes that given the social and political forces that have shaped existing series, the introduction and/or acceptance of any single system of social accounting is extremely doubtful. He therefore prefers to take the present system as his point of departure and having come to understand better its imperfections, seek to improve on it.

Thus, Biderman would prefer to proceed empirically, point by point, indicator by indicator, and be less than sanguine about the possibilities for the kind of grand scheme that Gross later considers. While Biderman obviously gives thought to the issue of how we might move from here to there, Gross refuses to be thus distracted. In his chapter on "The State of the Nation: Social Systems Accounting," Gross seems to prefer to light a candle rather than curse the dark and sorry state of social statistics, and while his candle flickers from time to time, and occasionally goes out (leaving at least this reviewer in the dark), it does seem to illuminate vast areas of relatively uncharted territory. Gross suggests, moreover, that he is content merely to stake out such territory and make the data available--leaving to public debate the important issues that will inevitably ensue.

Essentially, Gross attempts to synthesize a variety of perspectives in an effort to develop a descriptive system of national social accounting. Reassured that a general system approach "can prevent ceteris paribus from becoming ceteris incognitis" he offers a generalist's analytical model according to which the social state of the union can be examined in terms of two

interrelated, multidimensional elements: (1) system structure, which deals with the internal relations among the system's parts, and (2) system performance, which deals with the acquiring of inputs and their transformation into outputs.

More specifically, Gross suggests that "the structure of any social system consists of (1) people and (2) nonhuman resources (3) grouped together into subsystems that (4) interrelate among themselves and (5) with the external environment, and are subject to (6) certain values and (7) a central guidance system that may help provide the capacity for future performance." For the sake of "convenience and completeness," Gross also expands his performance elements into a seven-fold classification: "The performance of any social system consists of activities (1) to satisfy the interests of various 'interesteds' by (2) producing various kinds, qualities, and quantities of output, (3) investing in the systems' capacity for future output, (4) using inputs efficiently, (5) acquiring inputs, and doing all the above in a manner that conforms with (6) various codes of behavior and (7) varying conceptions of technical and administrative (or guidance) rationality."

Gross develops the major structural and performance elements of his system, indicates their utility, further refines them, and suggests some of the more relevant dimensions of each. He then proceeds to discuss some of the social and methodological problems involved in any effort to fill the boxes in his conceptual framework. Calling for a long range perspective and warning that progress will be slow and uneven, Gross concludes with some practical proposals for the promotion and development of meaningful social indicators.

Biderman in another chapter on "Anticipatory Studies and Stand-by Research Capabilities" states his belief that man's ability to control his social destiny will depend on his ability to respond sensitively to the unfolding course of future events. For this reason Biderman concentrates on those events which are unique and difficult to anticipate. More specifically, the problem he considers is "that of gaining the advantage of before-during-after observations when various degrees of uncertainty exist regarding when, where, or whether an important event will occur or what specific import the event will have."

It is not so much a question of our inability to choose future areas of research activity, Biderman argues, but rather a matter of providing adequate and relevant institutional structures for the conduct of such anticipatory studies. Toward this end he stresses the importance of having professional observers ready at all times, such readiness implying careful preparation of alternative plans and some degree of risk taking. He goes on to suggest that we do have some bases on which to anticipate future developments accurately, but that many of these situations are not exploited: "If such anticipations are to be taken advantage of, they must be organically linked to the responsibility and the capability for taking research action."

Biderman proposes a pilot study to illustrate more concretely what might be involved in taking such action. His proposal reveals what would be required in moving into the field, provides an opportunity to identify and assess those problems encountered, and estimates the cost of such a project. He concludes this chapter by raising questions about the cost and worthwhileness of such efforts and suggests that these questions be examined in terms of "How seriously do we want to understand the full consequences of what we are doing?"

The contribution by Robert A. Rosenthal and Robert S. Weiss, "Problems of Organizational Feedback Processes," while generally consistent with the thrust of the volume, seems somehow cut from a different cloth. The authors examine certain problems of organizational feedback in terms of the survival and effective functioning of organizations, focusing specifically on the sources, effects, and dangers of such feedback. Among the criteria for the establishment of an

adequate feedback system Weiss and Rosenthal list the following:

(1) ability to distingush among the many audiences, vocal and silent, actual and potential;
(2) capacity to assess the extent to which programs affect such audiences;
(3) adroitness in obtaining and quickly responding to appropriate information.

They suggest that "the determination of the method of obtaining feedback--by continuous narrow or broad spectrum scanning, by periodical or one-shot research, or by the elevation of 'trial balloons'--will have to depend on the magnitude and acuteness of anticipated consequences, and on the estimated or intuited probability that specific kinds of feedback information could affect decision making in the organization constructively."

Rosenthal and Weiss elaborate on the organizational criteria, the value limitations, and the organizational structure and culture necessary for the development of appropriate research programs, and conclude with the hope that "a new type of organizational feedback system . . . would reduce the wasteful incoherence of social action."

Editor Bauer states that an objective of the volume is to spell out those issues that must be confronted--not to support any one concrete proposal. He hopes that the various contributions will have provided some notion of the options available. "What we have striven for is a reasonably up-to-date statement covering what we envision as the full range of issues that would have to be faced." Bauer entertains the further hope that the present collection will stimulate others to pursue more vigorously the topic of social indicators. Perhaps one indication of the extent to which this expectation is met will be apparent if in Webster's next edition "social indicator" finds a place alongside: social climber, social contract, social democracy, social disease, social gospel and social insurance.

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NOTES

Income for Maintenance of the Medically Needy

This statement has been prepared in response to inquiries about States' income levels for the medically needy under title XIX which became effective January 1, 1966, under Public Law 89-97 of the Social Security Act. Also a comparison is made of the rate at which States took advantage of title XIX, and Medical Assistance for the Aged (MAA), title I, Public Law 86-778, of the Social Security Act, effective October 1, 1960.

As of January 1, 1967, one year after title XIX became effective, 27 jurisdictions (25 States and two other jurisdictions) had approved medical assistance plans under this title. States have taken advantage of the title XIX provisions at a faster rate than was true for medical assistance for the aged under title I of Public Law 86-778 of the Social Security Act. One year after the effective date of the MAA legislation, title I, only 18 States had MAA programs and not until two years later had 28 States taken advantage of the legislation.[1]

Of the 27 jurisdictions with approved plans under title XIX, January 1, 1967, 19 States had programs which include the medically needy,[2] i.e., individuals whose income and resources equal or exceed those levels for maintenance established under the State plan, but are insufficient to meet their costs of medical and remedial care and services not encompassed within the State plan for medical assistance, plus their costs of medical and remedial care and services included in the State plan.

[1] *As of December 31, 1965, five years and three months after the effective date of P. L. 86-778 which made provision for MAA, 47 jurisdictions (43 States and 4 other jurisdictions) had approved plans.*

[2] *California, Connecticut, Hawaii, Illinois, Kentucky, Maryland, Massachusetts, Michigan, Minnesota, New York, North Dakota, Oklahoma, Pennsylvania, Puerto Rico, Rhode Island, Utah, Virgin Islands, Washington, Wisconsin. The following eight States have programs limited to the categorically needy--Idaho, Louisiana, Maine, Nebraska, New Mexico, Ohio, Vermont, West Virginia.*

States' Income Levels

A State plan for medical assistance, if it includes the medically needy, must provide levels of income and resources for maintenance in total dollar amounts, as a basis for establishing financial eligibility for medical assistance. Such income levels must be comparable as among individuals and families of varying sizes, i.e., the income levels for maintenance must increase in sufficient amounts as family size increases to afford a level of living for families with children comparable to that provided by the established income level for one or two individuals.

There must be a flexible measurement of available income so that any income in an amount at or below the State's established level, by number of persons, will be protected for maintenance. Next, income in excess of that needed for maintenance will be applied to costs incurred for necessary medical or remedial care recognized under State law and not encompassed within the State plan for medical assistance. (States may set reasonable limits on such medical services for which excess income may be applied.) All of the remaining excess income will be applied to costs of medical assistance included in the State plan.

Range in Income Levels

Of the 19 States where income levels have been established for the medically needy, the range is as follows:[3]

One Person	Four Persons	Number States
$1,200-$1,680	$2,600-$3,420	7[4]
1,728- 1,992	2,712- 3,700	5[5]
2,000- 2,900[6]	3,630- 6,000[6]	7[7]

[3] *Net income except in Connecticut, Pennsylvania, Puerto Rico, and Virgin Islands.*

[4] *Hawaii, Kentucky, Minnesota, North Dakota, Puerto Rico, Utah, and Washington.*

[5] *Illinois, Maryland, Michigan, Oklahoma, Wisconsin.*

[6] *Amount of $2,900 and $6,000 for earners in New York; no earner, the amount of $2,300 and $5,150.*

[7] *California, Connecticut, Massachusetts, New York, Pennsylvania, Rhode Island, and Virgin Islands.*

In the seven States with a range of $1,200-$1,680 for one person and $2,600-$3,420 for four persons, the median is $1,600 and $3,000 respectively. In the next group of five States the median is $1,800 and $3,540 for one and four persons. For the seven States having the highest income levels as shown above, the median is $2,160 and $4,000, respectively.

For each additional person in excess of four for the 19 States, 15 add less than $600 per person. Illinois adds $600; Massachusetts, $672; Pennsylvania, $750; and New York, $850 for earner and no earner. The additional amount to be added for the fifth person by the other States ranges in amounts from $240 to $500, with the majority of States adding $400.

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"Homemaking for the Handicapped"*

by ELIZABETH ECKHARDT MAY, NEVA R. WAGGONER and ELEANOR M. BOETTKE

Nearly 40 million women in the United States keep house as their usual activity. Of this number, about 4,600,000, or 12 percent, are victims of physical disabilities that limit their performance in their homes. More than 320,000 others are so severely disabled that they are unable to keep house at all. It is noted that from the point of view of family welfare, homemaking is more important than any other vocation but yet it continues to be the most neglected area of rehabilitation. Both the psychological and economic deterioration of family life in the wake of a disabled homemaker have been amply documented in public welfare caseloads.

Homemaking for the Handicapped is designed as a resource volume in home management for people with physical limitations and their families, and for professional personnel concerned with rehabilitation. It is based on research conducted by Elizabeth Eckhardt May, Neva R. Waggoner and Eleanor M. Boettke over the past decade at several schools and colleges of the University of Connecticut with the cooperation of public and voluntary health and welfare agencies in Connecticut. The book also draws on the results of more than 30 workshops in which the authors have participated.[1] Mrs. May and Mrs. Waggoner were leaders in the 1963 National Workshop on Rehabilitation of the Physically Handicapped in Homemaking Activities--the first national interdisciplinary conference of its type.

The major theme of this book--the rehabilitation of the disabled homemaker for self-care--has particular relevance to public welfare. The 1962 Public Welfare amendments to the Social Security Act have as a central objective the development and expansion of social services designed to strengthen family life and to help individuals attain or retain capability for self-care and self-support. Self-care has been defined in the public assistance programs as the "personal ability to meet any or all of the normal demands of everyday life without continuing help from others."[2] Self-care services are directed at helping the individual make full use of

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*Dodd, Mead and Co., 1966. 206 pages. $7.50. With an introduction by Mary E. Switzer, Commissioner of the Vocational Rehabilitation Administration, and a Foreword by Lillian M. Gilbreth.

[1] *The research was supported in part by the Vocational Rehabilitation Administration, U.S. Department of Health, Education, and Welfare.*

[2] *Handbook of Public Assistance Administration, Pt. IV, Section 4223.3.*

his capacities for his own care and to maintain participation in family and community life. These services include training for personal care, home management, development of educational opportunities and the provision of medical treatment.

Public welfare programs are moving to express a greater concern for stimulating and encouraging the individual recipient's self-care activities. Social services for self-care were provided in 16,500 adult defined service cases in 34 States and jurisdictions and to 11,100 defined service cases in the Aid to Families with Dependent Children category in 41 States and jurisdictions which reported such services during the last reported quarter ending September 30, 1965.[3]

The book draws heavily on management and work simplification principles developed by the two industrial engineers, Frank and Lillian Gilbreth. It includes chapters on management principles demonstrated by homemakers with physical limitations, work simplification principles applied to activities of daily living, the creation of self-help clothing for children and adults, and devices, tools and techniques that save energy and time. There are several chapters on the physical care of children and the relationship of the handicapped mother to the development of the young child. In addition, the authors draw on their observations of international rehabilitation centers to add to American knowledge and skills in such areas as housing devices and appliances for the disabled homemaker and in kitchen and bathroom planning.

There is an extensive bibliography and list of sources of teaching materials which should prove valuable to professionals in the field of rehabilitation. One of the merits of the book is its attractive format with photographs demonstrating many of the devices and techniques useful in self-care programs as well as description of how various items of household equipment can be created or adapted. Directions for making such equipment as well as for making self-help clothing are lucidly written and portrayed.

Homemaking for the Handicapped is not confined to a set of simple "how-to-do-it" instructions. Intermingled with practical information on how to bring greater self-care to the individual are attempts to enrich understanding of the numerous barriers--both physical and psychological--that face the disabled mother in bringing up her children, and the ways in which these roadblocks can be overcome or minimized. For all social workers, these chapters will have particular relevance in their casework practice with the physically handicapped. Unfortunately, one of the difficulties that may be encountered by the public assistance social worker in attempting to make use of the volume is that certain practical and helpful suggestions relating to the use of devices, tools, housing and clothing adaptations may be difficult to put into practice where severely limited assistance standards exist. Perhaps one of the book's most valuable contributions is that it reports on advanced research and methods in the area of self-care for the disabled homemaker. This information can be of help to public welfare agencies interested in examining their assistance standards in relation to improved self-care services. *Homemaking for the Handicapped* also highlights the fundamental relationship between housing and self-care and serves as a reminder that without basic support in adequate housing, efforts to provide self-care for the public assistance recipient will remain unfulfilled.

It is noted that success in learning to live with a disability depends more on the inner resources of the individual, his attitude toward his disability and the support and encouragement he may receive rather than on any scientifically proven principles. By virtue of their understanding of psycho-social functioning, their access to social agency and community

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[3] *Statistical Report on Social Services, Division of Research, Bureau of Family Services, Welfare Administration, Oct. 14, 1966.*

resources and the development of special social service methods, social workers in public welfare have a distinct contribution to make in strengthening the disabled client's inner resources. They stand in a unique position to increase self-care services to clients and to help design programs that broaden the possibilities for independent living.

This book is addressed to two types of audiences--the disabled person and the professional. It has a simplicity and warmth in describing the daily life tasks of the handicapped homemaker that will not only interest both groups but make an important contribution to self-care literature. Society has been all too prone to describe the handicapped homemaker as a "shut-in" whose needs can only be met through institutional living. This book and the research it represents mark another needed effort to preserve the home life of an important group of disabled persons.

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Publications of Interest*

WELFARE ADMINISTRATION

CARPENTER, KENNETH S. *Directory of public training schools serving delinquent children.* Washington: Children's Bureau. 1966. 112 p.

CONFERENCE ON URBAN PUBLIC WELFARE ADMINISTRATION. *Restructuring public welfare administration to meet the needs of people in an urban society.* Report. Washington: Welfare Administration. 1966. 16 p.

GIL, DAVID G. *Doctoral dissertations in social work related to the field of child welfare.* Washington: Children's Bureau. 1966. 21 p. Selected listing of relevant studies taken from doctoral programs, 1920 through June 1965, arranged chronologically and by universities.

HIPPCHEN, LEONARD J. and DAISY LIGONS. *Personnel and personnel practices in public institutions for delinquent children: a survey.* Washington: Children's Bureau. 1966. 29 p. (Statistical series no. 86.)

PERLMAN, ROBERT and DAVID JONES. *Neighborhood service centers.* Office of Juvenile Delinquency and Youth Development. Washington: Government Printing Office. 1967. 100 p. 60¢.

OTHER PUBLICATIONS

ADOPTION INFORMATION SERVICE. *Adoption outlook: 1966.* Chicago. 1966. 65 p. 60¢. Appraises adoption situation in Illinois, questions current practices, and explores ways to improve them.

"Adoption: the created family." *Library counselor.* V. 21, October 1966. Entire issue. Annotated bibliography.

BETTELHEIM, BRUNO. *The empty fortress: infantile autism and the birth of the self.* New York: The Free Press. 1967. 484 p. $9.95. Includes three detailed case histories.

ELMAN, RICHARD M. *The poorhouse state: the American way of life on public assistance.* New York: Pantheon. 1966. 305 p. $5.95.

HEALTH AND WELFARE COUNCIL OF THE NATIONAL CAPITAL AREA. *The impact of a developing volunteer program in a public welfare institution for dependent children.* Washington. 1966. 58 p.

HOLMES, DOUGLAS. "Integrating the handicapped child: a report of a research and demonstration program." *Journal of Jewish communal service.* V. 43, December 1966, p. 182-188. Evaluation of aspects which have meaning for group work practice in the integration of orthopedically handicapped children into play groups of non-handicapped children.

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*U.S. Government publications for which prices are listed may be ordered from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402 (25 percent discount on lots of 100 or more). Inquiries or orders for other publications should be directed to the publisher or issuing agency.

Program and Operating Statistics

Public Assistance in November 1966*

In November, the increases of 40,600 in the number of recipients of aid to families with dependent children and 15,400 in the number of persons receiving general assistance reflected largely the impact of seasonal influences. About a fifth of the increase in aid to families with dependent children was attributable to a rise in the number of recipients under the unemployed-parent segment, the first since February 1966.

The number of recipients decreased 10,400 in old-age assistance and 300 in aid to the blind and rose 2,200 in aid to the permanently and totally disabled. As in other recent months, the number of recipients of medical assistance for the aged decreased because of the expansion in medical care services provided under titles XVIII and XIX of the Social Security Act. The November decrease in the number for whom payments were made under medical assistance for the aged was 3,500. In medical assistance under title XIX there was an increase of 106,000 or 13.5 percent in States reporting on the number of persons on whose behalf payments were made during the month.

In all Federal-State programs, money payments to some cases were discontinued as a result of the provision of initial social security cash benefits to uninsured individuals aged 72 and over, effective for October. This extension of the insurance program provides benefits of $35.00 for single persons and $52.50 for couples. States that account for about nine-tenths of all old-age assistance recipients have reported on terminations of public assistance money payments to recipients because of the receipt of such benefits. In these States, such terminations, under all federally aided programs combined, totaled 13,000 in October and November; about 9,000 of these money payment terminations were in old-age assistance.

Total expenditures for public assistance in November were $570.3 million - an increase of $35.6 million from October. Nearly nine-tenths of this increase represented larger expenditures for payments under title XIX for medical assistance in 24 reporting States. The increase in money payments in aid to families with dependent children amounted to $3.7 million and in aid to the permanently and totally disabled to $500,000. Decreases occurred in money payments for old-age assistance and aid to the blind and in medical vendor payments for the federally aided programs combined exclusive of medical assistance under title XIX.

State activity to raise individual payments to recipients continued to be limited in November. Idaho increased its allowances for housing and room and board under all applicable programs. For aid to families with dependent children, Iowa added a special allowance for teen-agers, and Mississippi began meeting a larger proportion of need. For recipients of aid to the blind, Alabama increased its maximum on the individual monthly payment from $70 to $75 and liberalized income exemptions.

Georgia initiated vendor payments for drugs in the programs for the aged, blind, or disabled and aid to families with dependent children. That State also raised from 60 to 90 the maximum number of days of hospitalization provided annually under the above-mentioned programs.

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*Title XIX of the Social Security Act, added thereto by the 1965 Amendments, authorized the consolidation and extension of public assistance provisions for medical care in a single program of medical assistance. Nearly half of the States have taken advantage of this new provision and established programs under title XIX. With this development, it has become essential to distinguish more explicitly than in the past the money payment and medical vendor payment components of expenditures for assistance. Beginning October 1966, the data for individual States on the programs of old-age assistance, aid to the blind, aid to the permanently and totally disabled, and aid to families with dependent children now exclude payments to medical vendors. Average payments per recipient relate almost exclusively to amounts paid in cash to recipients for maintenance needs. They also include very small amounts of payments to nonmedical vendors. In a few States, some money payments may also include an allowance for medical care.

Table 1. Amount of public assistance payments in the United States, by month, November 1965-November 1966[1]

Year and month	Total	Money payments 2/ (In thousands)						Medical vendor payments 3/ (In thousands)					
		Total	Federally aided programs				General assistance 5/	Total	Federally aided programs				General assistance 5/
			Old-age assistance 4/	Aid to the blind 4/	Aid to the permanently and totally disabled 4/	Aid to families with dependent children			Total	Medical assistance 6/	Medical assistance for the aged 4/	Other	
	Amount of assistance												
1965													
November	$465,365	$337,672	$133.767	$6,813	$36,672	$140,051	$20,369	$127,693	$117,722	---	$52,110	$65,611	$9,971
December	470,283	341,391	131.674	6,922	37,035	144,355	21,407	128,892	119,369	---	52,863	66,505	9,523
1966													
January	474,299	346,413	133,005	6,994	37,819	146,892	21,702	127,886	119,785	$20,450	44,956	54,379	8,101
February	480,291	348,907	132,594	6,965	38,105	149,176	22,066	131,384	122,898	7/ 19,635	47,593	55,670	8,486
March	501,494	352,534	132,158	7,073	38,632	151,961	22,711	148,960	138,032	7/ 44,549	41,399	52,083	10,928
April	498,075	350,832	132,591	7,032	39,054	150,711	21,442	147,244	136,225	7/ 46,718	37,458	52,049	11,019
May	517,579	351,394	133,382	7,062	39,628	150,626	20,696	166,185	155,229	7/ 81,353	28,183	45,692	10,956
June	532,910	352,085	133,820	7,095	39,998	150,411	20,761	180,825	170,539	7/ 97,435	28,118	44,991	10,286
July	511,092	357,795	136,174	7,173	40,811	152,925	20,712	153,297	143,456	7/ 100,936	17,762	24,758	9,841
August	529,344	363,867	137,945	7,219	41,576	155,155	21,972	165,477	156,542	7/ 111,577	18,802	26,162	8,935
September	527,687	373,340	140,257	7,280	42,162	161,006	22,635	154,347	146,309	7/ 114,068	11,616	20,625	8,038
October	534,713	374,092	140,486	7,244	42,524	161,265	22,573	160,621	151,952	7/ 126,076	5,823	20,054	8,669
November	570,338	378,407	140,180	7,208	43,073	164,987	22,959	191,932	182,489	7/ 157,513	5,245	19,731	9,443
	Percentage change from preceding month												
1965													
November	+1.9	+1.8	+2.8	+1.2	+2.3	+0.6	+1.8	+2.2	+1.5	---	+4.3	-0.6	+11.6
December	+1.1	+1.1	-1.6	+1.6	+1.0	+3.1	+5.1	+.9	+1.4	---	+1.4	+1.4	-4.5
1966													
January	+.9	+1.5	+1.0	+1.0	+2.1	+1.8	+1.4	-.8	+.3	---	-15.0	-18.2	-14.9
February	+1.3	+.7	-.3	-.4	+.8	+1.6	+1.7	+2.7	+2.6	-4.0	+5.9	+2.4	+4.8
March	+4.4	+1.0	-.3	+1.6	+1.4	+1.9	+2.9	+13.4	+12.3	+126.9	-13.0	-6.4	+28.8
April	-.7	-.5	+.3	+.6	+1.1	-.8	-5.6	-1.2	-1.3	+4.9	-9.5	-.1	+.8
May	+3.9	+.2	+.6	+.4	+1.5	-.1	-3.5	+12.9	+14.0	+74.1	-24.8	-12.2	-.6
June	+3.0	+.2	+.3	+.5	+.9	-.1	+.3	+8.8	+9.9	+19.8	-.2	-1.5	-6.1
July	-4.1	+1.6	+1.8	+1.1	+2.0	+1.7	-.2	-15.2	-15.9	+3.6	-36.8	-45.0	-4.3
August	+3.6	+1.7	+1.3	+.6	+1.9	+1.5	+6.1	+7.9	+9.1	+10.5	+5.9	+5.7	-9.2
September	-.3	+2.6	+1.7	+.8	+1.4	+3.8	+3.0	-6.7	-6.5	+2.2	-38.2	-21.2	-10.0
October	+1.4	+.2	+.2	-.5	+.9	+.1	-.3	+4.4	+4.2	+11.0	-49.9	-2.8	+7.8
November	+6.7	+1.2	-.2	-.5	+1.3	+2.3	+1.7	+19.5	+20.1	+24.9	-9.9	-1.6	+8.9
	Percentage change from same month of preceding year												
1966													
November	+22.6	+12.1	+4.8	+5.8	+17.5	+17.8	+12.7	+52.5	+55.0	---	-89.9	-69.9	-5.3

1/ All data subject to revision.
2/ Includes nonmedical vendor payments.
3/ Amounts represent primarily bills paid during the month and therefore are subject to fluctuations unrelated to provision of medical services.
4/ Represents data for recipients of the specified types of assistance under separate State program and under State programs for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged.
5/ Partly estimated. Does not include Idaho, Indiana, and Nebraska for which data not available.
6/ Program initiated January 1966 under Public Law 89-97.
7/ Data incomplete. See table 10 for States reporting for most recent month.

Table 2. Number of recipients of public assistance money payments in the United States, by month,

5/ Partly estimated. Does not include Idaho, Indiana, and Nebraska for which data not available.
6/ Program initiated January 1966 under Public Law 89-97.
7/ Data incomplete. See table 10 for States reporting for most recent month.

Table 2. Number of recipients of public assistance money payments in the United States, by month, November 1965-November 1966[1]

Year and month	Federally aided programs								General assistance 2/	
	Total	Adult programs				Aid to families with dependent children				
		Total	Old-age assistance 3/	Aid to the blind 3/	Aid to the permanently and totally disabled 3/	Families	Total recipients 4/	Children	Cases	Recipients
	Number of recipients (In thousands)									
1965										
November	7,023	2,721	2,087	85.0	549	1,034	4,302	3,249	300	641
December	7,125	2,729	2,087	85.1	557	1,054	4,396	3,316	310	677
1966										
January	7,154	2,715	2,074	84.8	556	1,063	4,439	3,346	319	715
February	7,202	2,715	2,071	84.7	560	1,073	4,487	3,382	319	714
March	7,246	2,722	2,074	84.7	563	1,082	4,524	3,409	321	712
April	7,258	2,731	2,080	84.5	566	1,086	4,527	3,418	302	649
May	7,238	2,733	2,078	84.6	570	1,084	4,505	3,405	290	609
June	7,206	2,734	2,076	84.5	573	1,079	4,472	3,383	286	592
July	7,189	2,732	2,078	84.4	570	1,076	4,457	3,371	279	574
August	7,217	2,737	2,078	84.4	574	1,084	4,480	3,390	285	596
September	7,256	2,748	2,084	84.4	580	1,091	4,508	3,414	286	596
October	7,284	2,756	2,089	84.1	583	1,097	4,528	3,428	287	596
November	7,316	2,748	2,079	83.8	585	1,108	4,568	3,460	290	611
	Percentage change from preceding month									
1965										
November	+0.6	+0.3	+0.2	+0.2	+0.7	+0.6	+0.8	+0.8	+0.5	+1.4
December	+1.5	+.3	(5/)	+.1	+1.4	+1.9	+2.2	+2.1	+3.4	+5.6
1966										
January	+.4	-.5	-.7	-.4	(6/)	+.8	+1.0	+.9	+2.7	+5.6
February	+.7	(5/)	-.1	-.1	+.6	+1.0	+1.1	+1.1	-.1	-.1
March	+.6	+.3	+.2	(6/)	+.6	+.8	+.8	+.8	+.8	-.3
April	+.2	+.3	+.3	-.2	+.6	+.4	+.1	+.3	-5.9	-8.9
May	-.3	+.1	-.1	+.1	+.7	-.2	-.5	-.4	-3.9	-6.1
June	-.4	(5/)	-.1	-.1	+.5	-.4	-.7	-.7	-1.6	-2.9
July	-.2	-.1	+.1	-.2	-.7	-.2	-.3	-.3	-2.3	-3.1
August	+.4	+.2	(5/)	(5/)	+.8	+.7	+.5	+.6	+2.2	+3.8
September	+.5	+.4	+.2	(6/)	+.9	+.6	+.6	+.7	+.1	(5/)
October	+.4	+.3	+.3	-.3	+.5	+.5	+.4	+.4	+.3	-.2
November	+.4	-.3	-.5	-.4	+.3	+1.1	+.9	+1.0	+1.2	+2.6
	Percentage change from same month of preceding year									
1966										
November	+4.2	+1.0	(6/)	-1.3	+6.3	+7.4	+6.5	+6.7	-3.4	-4.6

1/ All data subject to revision.
2/ Partly estimated. Does not include Idaho, Indiana, and Nebraska for which data not available.
3/ Represents data for recipients of the specified types of assistance under separate State programs, and under State programs for the aged, blind, or disabled or for such aid and medical assistance for the aged.
4/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance.
5/ Increase of less than 0.05 percent.
6/ Decrease of less than 0.05 percent.

Table 3. Number of persons on whose behalf payments were made to medical vendors under programs of medical assistance and medical assistance for the aged, by month, November 1965-November 1966[1]

Year and month	Medical assistance					Medical assistance for the aged		
	States with plans in operation 2/			Persons on whose behalf payments were made 3/		States with plans in operation	Persons on whose behalf payments were made 3/	
	Total	Reporting both number of persons aided and payments		Number	Percentage change from preceding month		Number	Percentage change from preceding month
		Number	Percent of reported payments in such States 4/					
1965								
November....	---	---	---	---	---	47	280,000	+2.2
December....	---	---	---	---	---	47	280,000	-.2
1966								
January.....	7	6	99.2	330,000	---	40	251,000	-10.4
February....	7	6	100.0	321,000	-2.8	40	255,000	+1.9
March.....	8	6	54.2	389,000	+21.0	39	220,000	-14.0
April.....	8	6	48.3	369,000	-5.0	39	218,000	-.9
May.....	9	7	52.8	598,000	+61.9	38	190,000	-12.7
June.....	9	7	49.6	628,000	+5.0	38	195,000	+2.8
July.....	24	12	49.4	678,000	-8.1	5/ 23	100,000	-49.0
August.....	24	12	49.7	715,000	+5.4	5/ 25	97,100	-2.6
September...	25	13	55.3	710,000	6/ -3.5	5/ 24	66,300	-31.7
October.....	26	13	52.2	787,000	+10.8	5/ 23	51,100	-23.0
November....	27	13	55.2	893,000	+13.5	5/ 22	47,600	-6.9

1/ States operating medical assistance programs under title XIX of the Social Security Act do not make payments to vendors under any other federally aided public assistance program. Most States not operating medical assistance programs make payments to medical vendors under the program of medical assistance for the aged and also under the other federally aided public assistance programs and general assistance. Medical assistance programs were authorized under the Social Security Amendments of 1965, effective January 1, 1966; programs of medical assistance for the aged were authorized under the Social Security Amendments of 1960, effective October 1, 1960. All data subject to revision.

2/ Includes some States for which action to approve plan taken after State initiated operations under the plan.

3/ Number includes persons in all States reporting for the month; Data represent primarily counts of persons for whom bills were paid during the month and therefore are subject to fluctuations unrelated to provision of medical services.

4/ No recipients or payments reported by Puerto Rico for February-November, or by Maryland and Virgin Islands for July-November.

5/ Data include payments for care provided prior to November 1966 under programs discontinued prior to that month.

6/ Based on data for States reporting comparable data for both months.

Table 4. Old-age assistance: Recipients and payments to recipients, by State, November 1966[1]

/Excludes vendor payments for medical care and cases receiving only such payments/

State	Number of recipients	Payments to recipients		Percentage change from--			
		Total amount	Average	October 1966 in--		November 1965 in--	
				Number	Amount	Number	Amount
Total 2/.....	2,079,000	$140,180,000	$67.45	-0.5	-0.2	(3/)	+4.8
Ala.....	113,000	6,852,000	60.90	-.1	-.2	+1.0	+10.2
Alaska 4/.....	1,400	96,400	70.45	-.1	-.3	+.1	-.3
Ariz.....	13,000	737,000	56.65	-.2	-.1	-.1	-2.3
Ark. 4/.....	62,400	3,770,000	60.40	+.6	+.9	+4.0	+25.0
Calif.....	285,000	28,738,000	101.00	+.2	-.8	+3.9	+1.7
Colo. 2/.....	41,500	3,400,000	81.85	-.1	-.7	-3.1	(3/)
Conn.....	5,800	402,000	69.35	-2.6	-4.2	-1.0	+7.9
Del.....	1,700	106,000	63.25	+1.3	+1.4	+14.4	+40.2
D. C.....	2,200	140,000	62.45	-.3	+.1	-2.9	-3.8
Fla. 4/.....	78,800	3,864,000	49.00	+.6	+.8	+6.9	+8.5
Ga. 4/.....	93,900	4,481,000	47.70	+.2	-.1	+1.3	+2.7
Guam 5/.....	180	6,600	36.20	---	---	---	---
Hawaii 4/.....	1,600	121,000	75.90	-2.7	+.7	+20.5	+25.2
Idaho.....	3,900	249,000	63.20	+.7	+6.2	-.4	+2.2
Ill. 4/.....	40,400	2,570,000	63.60	-6.8	-2.2	-17.1	+4.7
Ind.....	19,300	951,000	49.30	-1.0	-.4	-4.3	-2.2
Iowa.....	24,600	1,384,000	56.15	-.7	-.7	-4.1	-8.2
Kans. 4/.....	18,100	1,451,000	50.15	-1.2	-.6	-7.7	+1.4
Ky. 4/.....	59,200	3,329,000	56.25	+.2	+.1	+1.3	+15.5
La.....	124,000	9,169,000	73.95	-2.2	-.9	-4.7	+6.9
Maine 4/.....	9,900	546,000	55.35	-10.5	-1.1	-8.7	-3.9
Md. 4/.....	8,300	463,000	55.60	-2.4	-.8	+5.4	+3.9
Mass.....	52,800	4,080,000	77.25	+6.4	+.9	+7.4	+11.5
Mich.....	6/ 39,700	2,869,000	---	---	-.5	---	-27.3
Minn.....	30,200	1,653,000	54.65	-4.4	-1.3	+4.0	-2.3
Miss.....	74,300	2,906,000	39.10	(7/)	-.3	+2.9	+10.4
Mo.....	91,100	6,188,000	67.90	-.3	-.2	-3.0	+5.9
Mont.....	4,100	260,000	63.80	-.4	-.3	-2.5	-4.0
Nebr. 4/.....	11,100	516,000	46.50	-.4	+.3	+20.1	+9.1
Nev.....	2,400	180,000	75.15	+.3	-1.1	+14.2	+38.9
N. H.....	4,200	420,000	99.45	(3/)	+1.0	-1.6	+13.2
N. J.....	13,600	941,000	69.30	(3/)	-.2	-.1	+4.5
N. Mex. 4/.....	9,700	544,000	56.25	-.2	+.2	-4.3	-6.4
N. Y. 4/.....	66,700	5,359,000	80.35	(7/)	+1.7	+19.9	+26.7
N. C.....	39,900	2,287,000	57.35	-3.6	-1.5	-6.0	+.4
N. Dak. 4/.....	4,500	333,000	74.60	-7.5	-2.9	-4.8	+2.9
Ohio.....	74,200	5,869,000	79.10	-.3	-.1	-2.5	+5.9
Okla. 4/.....	80,900	6,128,000	75.80	-.2	-.6	-1.4	-.2
Oreg.....	11,400	570,000	49.95	-3.8	+1.2	+20.0	-.4
Pa.....	44,100	3,278,000	74.35	+.3	+3.6	+.5	+8.0
P. R. 4/.....	26,000	225,000	8.65	-.7	-.1	-9.9	-9.1
R. I. 4/.....	5,000	262,000	52.40	-1.5	-5.7	-9.6	-40.4
S. C.....	23,300	963,000	41.25	-.5	-.7	-5.9	-2.5
S. Dak.....	5,500	334,000	60.65	-12.2	-1.9	-14.8	-3.5
Tenn.....	45,500	2,472,000	54.30	+.3	-.1	+1.6	+17.7
Tex.....	229,000	14,103,000	61.60	(3/)	+.1	-.1	+7.9
Utah.....	4,800	251,000	52.80	-.3	-1.5	+6.2	-3.9
Vt. 4/.....	4,500	269,000	59.95	-5.0	-.4	-12.8	+9.0
V. I.....	410	15,000	37.70	-.5	-.3	-7.4	-7.2
Va.....	11,300	590,000	52.45	-3.3	-.8	-6.2	-3.0
Wash.....	27,300	1,704,000	62.50	-.8	+.1	-7.4	-6.8
W. Va.....	13,300	593,000	44.60	+1.3	+1.0	-4.3	+6.9
Wis.....	18,600	1,031,000	55.45	-10.4	-1.9	-24.3	+25.8
Wyo.....	2,300	160,000	69.65	(3/)	-.1	-1.8	-2.8

1/ All data subject to revision. 2/ Includes 3,794 recipients aged 60-64 in Colorado and payments of $334,004 to these recipients. Such payments were made without Federal participation. 3/ Decrease of less than 0.05 percent. 4/ Represents aid to the aged under program for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged. 5/ Data for October; November data not received. 6/ Estimated. 7/ Increase of less than 0.05 percent.

4/ No recipients or payments reported by Puerto Rico for February-November, or by Maryland and Virgin Islands for July-November.
5/ Data include payments for care provided prior to November 1966 under programs discontinued prior to that month.
6/ Based on data for States reporting comparable data for both months.

Table 5. Aid to the blind: Recipients and payment to recipients, by State, November 1966[1]

[Excludes vendor payments for medical care and cases receiving only such payments]

State	Number of recipients	Payments to recipients		Percentage change from--			
		Total amount	Average	October 1966 in--		November 1965 in--	
				Number	Amount	Number	Amount
Total 2/ 3/..	83,800	$7,208,000	$86.05	-0.4	-0.5	-1.3	+5.8
Ala.....	1,800	125,000	68.75	-.7	+2.7	-3.0	+.6
Alaska 4/.....	100	8,500	82.95	0	-.4	-7.3	-5.4
Ariz.....	730	52,000	71.00	-.4	-1.1	-9.6	-9.9
Ark. 4/.....	1,900	135,000	71.20	+.4	+.7	-1.6	+16.9
Calif. 2/.....	12,500	1,634,000	130.95	+.1	+1.2	+.7	+8.8
Colo.....	230	16,800	73.25	+1.3	+1.8	-3.4	+.1
Conn.....	280	20,600	74.55	-.7	-3.2	-1.8	+5.0
Del.....	330	26,700	80.50	-.9	+.8	+2.8	+4.2
D. C.....	200	15,000	74.05	+2.5	+1.3	+7.4	+4.8
Fla. 4/.....	2,600	163,000	62.65	-.1	-.2	+.9	+5.0
Ga. 4/.....	3,200	182,000	57.45	0	(5/)	-.8	+2.2
Guam 6/.....	6	180	(7/)	---	---	---	---
Hawaii 4/.....	65	5,900	90.20	(7/)	(7/)	(7/)	(7/)
Idaho.....	120	8,500	71.05	+3.5	+8.1	-4.8	-1.0
Ill. 4/.....	2,000	150,000	75.00	-2.2	+.1	-11.0	-.9
Ind.....	1,600	102,000	64.75	-.3	+.2	-4.9	-3.7
Iowa.....	1,000	98,400	93.90	+.4	+.7	-3.6	-2.8
Kans. 4/.....	420	37,400	88.20	-.5	-1.3	-7.8	+2.2
Ky. 4/.....	2,500	175,000	70.45	+.1	+.1	+.2	+11.1
La.....	2,500	194,000	76.35	-.8	-.7	-5.7	-7.1
Maine 4/.....	220	16,200	73.60	-1.8	-.3	-20.9	-20.6
Md. 4/.....	350	25,600	73.05	+1.2	+1.9	-1.4	+3.2
Mass.....	2,300	251,000	110.75	-4.3	-23.7	+1.5	-24.4
Mich.....	8/ 1,500	119,000	---	---	-.6	---	-9.8
Minn.....	890	64,800	72.80	-2.3	+.8	-11.4	-8.7
Miss.....	2,500	113,000	46.15	+.2	+.2	-2.8	+2.5
Mo. 2/.....	4,100	329,000	80.00	-.5	-.5	-4.9	-4.9
Mont.....	210	15,600	74.70	-1.4	-1.0	-6.3	-4.6
Nebr. 4/.....	480	30,500	63.85	-1.0	+1.2	+1.5	-3.4
Nev.....	160	15,900	97.95	0	-.7	+11.7	+8.6
N. H.....	240	26,100	108.80	0	+2.1	-4.0	+13.0
N. J.....	890	73,500	82.70	+.7	-1.0	-1.0	+1.4
N. Mex. 4/.....	350	24,800	71.60	-.9	+.2	-.3	-3.0
N. Y. 4/.....	3,100	310,000	99.85	+.7	+2.9	+3.5	+15.0
N. C.....	4,700	333,000	71.25	-.8	+.2	-3.8	+4.1
N. Dak. 4/.....	77	6,300	81.95	(7/)	(7/)	(7/)	(7/)
Ohio.....	3,000	233,000	77.20	-.5	-.3	-3.1	+2.4
Okla. 4/.....	1,600	165,000	105.85	-.3	-.3	-3.9	-1.4
Oreg.....	480	43,000	90.45	-1.5	+3.3	+.8	+4.5
Pa. 3/.....	10,000	1,077,000	108.10	+.1	+1.2	+12.4	+35.3
P. R. 4/.....	1,200	10,400	8.85	-2.3	-1.5	-11.5	-9.2
R. I. 4/.....	110	7,700	70.75	-.9	-3.6	0	-8.2
S. C.....	1,900	106,000	55.70	-.1	(9/)	+1.2	+4.0
S. Dak.....	110	8,900	80.05	0	+2.3	+.9	+17.6
Tenn.....	1,800	123,000	66.75	-1.2	-1.3	-10.4	+4.5
Tex.....	4,300	314,000	73.50	-.1	+.5	-5.7	(9/)
Utah.....	150	9,400	63.20	+3.5	+6.4	-6.9	+4.7
Vt. 4/.....	110	7,600	71.45	+1.9	+3.2	-13.1	+1.0
V. I.....	9	340	(7/)	(7/)	(7/)	(7/)	(7/)
Va.....	1,100	75,000	68.65	-1.2	+.2	-2.0	+7.4
Wash.....	540	40,000	74.50	-2.2	-.9	-12.4	-13.1
W. Va.....	730	33,700	46.10	+.3	-.2	-4.4	+2.2
Wis.....	640	45,500	71.40	-2.5	-2.1	-14.0	+15.9
Wyo.....	49	3,600	(7/)	(7/)	(7/)	(7/)	(7/)

1/ All data subject to revision. 2/ Data include recipients of payments made without Federal participation and payments to these recipients as follows: California, $14,387 to 91 recipients and Missouri, $54,302 to 674 recipients. 3/ Does not include $579,485 to an estimated 7,800 recipients under State blind pension program in Pennsylvania administered under State law without Federal participation. 4/ Represents aid to the blind under program for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged. 5/ Decrease of less than 0.05 percent. 6/ Data for October; November data not received. 7/ Average payment not computed on base of fewer than 50 recipients; percentage change on fewer than 100 recipients. 8/ Estimated. 9/ Increase of less than 0.05 percent.

Table 6. Aid to the permanently and totally disabled: Recipients and payments to recipients, by State, November 1966[1]

[Excludes vendor payments for medical care and cases receiving only such payments]

State	Number of recipients	Payments to recipients		Percentage change from--			
		Total amount	Average	October 1966 in--		November 1965 in--	
				Number	Amount	Number	Amount
Total.....	585,000	$43,073,000	$73.65	+0.3	+1.3	+6.3	+17.5
Ala.....	15,100	680,000	45.10	(2/)	+.2	+1.6	+9.5
Alaska 3/.....	310	22,900	74.25	+.7	+1.0	+28.9	+36.2
Ariz.....	4,700	313,000	66.25	+.7	+.6	+18.8	+17.4
Ark. 3/.....	10,400	673,000	64.75	+1.1	+.8	+7.6	+81.4
Calif.....	95,600	10,494,000	+109.75	+1.3	+1.6	+20.9	+28.2
Colo.....	6,700	424,000	63.75	+.1	+.5	+6.1	+7.8
Conn.....	6,100	460,000	75.80	-10.8	-6.8	-28.9	+18.8
Del.....	640	57,400	89.00	+7.7	+7.9	+42.4	+70.4
D. C.....	3,600	274,000	76.00	+1.1	+1.2	+9.1	+11.3
Fla. 3/.....	20,400	1,212,000	59.45	+1.2	+1.5	+14.1	+20.8
Ga. 3/.....	27,700	1,549,000	55.90	(4/)	-.1	+1.4	+3.7
Guam 5/.....	47	1,600	(6/)	---	---	---	---
Hawaii 3/.....	1,300	128,000	101.50	+1.8	+1.3	+23.1	+42.0
Idaho.....	2,700	168,000	62.60	+.1	+7.4	-14.0	+8.3
Ill. 3/.....	29,700	2,281,000	76.70	(4/)	-.1	+2.0	+9.5
Ind.....	2,000	99,400	50.20	+2.4	+1.9	+24.2	+19.6
Iowa.....	1,700	108,000	64.60	+2.3	+4.0	+21.3	-9.2
Kans. 3/.....	5,200	548,000	104.65	+.4	+1.2	+5.5	+14.4
Ky. 3/.....	12,700	882,000	69.60	+.4	+.2	+8.3	+20.0
La.....	21,200	1,102,000	51.95	+.6	+.5	+7.8	+5.6
Maine 3/.....	2,200	161,000	71.70	-2.1	+1.6	-.8	+.5
Md. 3/.....	9,000	641,000	72.20	+1.8	+2.2	+18.9	+22.5
Mass.....	13,000	1,096,000	84.30	-2.6	+1.2	+5.5	+24.5
Mich.....	7/ 15,300	1,249,000	---	---	+2.0	---	+6.7
Minn.....	6,300	441,000	70.10	+2.7	+2.6	+57.3	+65.2
Miss.....	21,100	954,000	45.25	+.6	+12.5	+7.7	+12.0
Mo.....	15,900	1,161,000	72.80	+.6	+.6	+2.8	+9.9
Mont.....	1,500	104,000	68.35	+.7	+1.5	+7.3	+3.2
Nebr. 3/.....	3,000	177,000	59.25	+1.2	+2.3	+26.0	+19.5
N. H.....	680	60,800	89.90	-.1	-.5	+6.5	+14.5
N. J.....	8,800	713,000	80.60	+.4	-.2	+3.5	+9.2
N. Mex. 3/.....	4,400	301,000	69.10	+1.1	+1.7	+9.5	+8.6
N. Y. 3/.....	34,900	3,253,000	83.35	+1.2	+1.8	+6.9	+19.8
N. C.....	22,600	1,431,000	63.30	+.2	+.4	+2.0	+5.4
N. Dak. 3/.....	1,700	133,000	79.85	+1.2	+2.0	+9.0	+18.5
Ohio.....	20,700	1,503,000	72.65	+1.3	+1.6	+5.6	+14.2
Okla. 3/.....	17,600	1,688,000	95.80	+1.3	+1.2	+15.9	+20.7
Oreg.....	5,200	390,000	75.10	-1.9	-.4	-34.8	-6.3
Pa.....	22,100	1,701,000	76.90	+1.1	+2.2	+13.2	+21.1
P. R. 3/.....	18,900	165,000	8.75	-2.0	-.7	-5.8	-5.7
R. I. 3/.....	3,000	224,000	75.75	+.3	+.2	+1.2	+.1
S. C.....	9,200	443,000	47.95	-.4	-.3	+.9	+6.9
S. Dak.....	1,200	77,800	63.50	-.3	+1.9	+6.7	+15.3
Tenn.....	15,100	981,000	64.95	+.4	+.4	+8.0	+26.8
Tex.....	11,000	663,000	60.55	+1.6	+2.4	+8.9	+15.9
Utah.....	3,300	185,000	55.85	-.1	-1.4	-31.3	-8.7
Vt. 3/.....	1,200	88,400	74.35	+1.3	+1.9	-9.8	+10.6
V. I.....	44	1,800	(6/)	(6/)	(6/)	(6/)	(6/)
Va.....	6,800	422,000	62.45	+.5	+.9	+2.2	+6.9
Wash.....	10,600	619,000	58.30	-8.7	-2.0	-13.2	+8.9
W. Va.....	5,900	256,000	43.10	+3.6	+3.3	+2.6	+8.9
Wis.....	4,400	259,000	58.55	-.7	+.2	-24.8	+8.5
Wyo.....	740	52,600	70.70	-.1	+.7	+4.3	+4.6

1/ All data subject to revision. 2/ Increase of less than 0.05 percent. 3/ Represents aid to the permanently and totally disabled under program for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged. 4/ Decrease of less than 0.05 percent. 5/ Data for October; November data not received. 6/ Average payment not computed on base of fewer than 50 recipients; percentage change on fewer than 100 recipients. 7/ Estimated.

Table 7. Aid to families with dependent children: Recipients and payments to recipients, by State, November 1966[1]

[Excludes vendor payments for medical care and cases receiving only such payments]

State	Number of families	Number of recipients		Payments to recipients			Percentage change from--			
					Average per--		October 1966 in--		November 1965 in--	
		Total 2/	Children	Total amount	Family	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total 3/...	1,108,000	4,568,000	3,460,000	$164,987,000	$148.90	$36.10	+0.9	+2.3	+6.5	+17.8
Ala. 3/.....	17,000	70,300	56,000	888,000	52.25	12.65	+.2	+.4	-.5	+6.6
Alaska.....	1,300	4,900	3,800	174,000	131.80	35.30	+1.5	+1.4	+7.6	+6.8
Ariz. 3/.....	9,800	42,300	32,300	1,189,000	120.95	28.15	-.2	-.1	+5.3	+5.3
Ark.....	7,900	33,000	25,000	642,000	81.35	19.50	+.7	+2.1	+6.9	+37.0
Calif. 3/.....	167,000	676,000	501,000	29,774,000	178.30	44.05	+1.9	+2.7	+18.3	+22.4
Colo. 3/.....	12,800	50,400	38,800	1,872,000	146.50	37.10	+.3	+.2	+12.3	+17.2
Conn. 3/.....	12,800	50,700	38,100	2,478,000	193.45	48.90	+.7	+2.8	-.2	+9.4
Del. 3/.....	3,000	12,800	9,800	391,000	131.60	30.55	+10.3	+1.7	+11.6	+18.6
D. C.....	4,800	22,800	18,400	757,000	156.85	33.20	+.5	+.5	-1.4	+2.5
Fla.....	34,700	136,000	108,000	2,092,000	60.30	15.35	+1.9	+1.8	+24.5	+25.7
Ga.....	22,000	87,800	67,900	2,069,000	94.10	23.55	+1.7	+1.8	+15.9	+23.3
Guam 4/.....	150	800	680	13,200	86.95	16.50	---	---	---	---
Hawaii 3/.....	3,700	16,200	12,000	686,000	184.35	42.35	+2.4	+2.5	+12.7	+23.2
Idaho.....	2,700	10,300	7,600	444,000	165.80	42.95	+1.1	+5.4	+6.5	+16.8
Ill. 3/.....	52,600	247,000	194,000	10,246,000	194.60	41.45	+.2	+.2	-2.1	+3.7
Ind. 3/.....	11,100	46,400	35,200	1,271,000	114.10	27.35	-.8	-.9	-1.0	+2.8
Iowa.....	11,000	43,500	31,800	1,717,000	156.05	39.45	-.5	+1.3	-.9	+.4
Kans. 3/.....	8,300	34,700	27,100	1,511,000	181.30	43.55	+.9	+1.4	-.1	+22.7
Ky.....	21,600	84,500	61,400	2,360,000	109.30	27.95	+.3	+.4	+4.3	+29.7
La.....	25,200	109,000	83,800	2,604,000	103.20	23.90	-.2	-.1	+2.9	+7.6
Maine.....	5,200	19,500	14,400	582,000	111.30	29.85	+3.2	+2.7	+7.3	+8.9
Md. 3/.....	22,200	92,500	71,900	3,340,000	150.55	36.15	+1.0	+1.2	+5.9	+11.7
Mass. 3/.....	28,700	108,000	81,400	5,777,000	201.00	53.40	+1.2	+11.8	+10.3	+33.5
Mich. 3/.....	5/ 37,500	5/ 154,000	5/ 116,000	6,177,000	---	---	---	+7.7	---	+15.7
Minn. 3/.....	14,400	53,300	41,400	2,542,000	176.00	47.70	+.3	+2.0	+2.9	+8.4
Miss.....	21,100	86,700	70,000	802,000	38.00	9.25	+1.1	+18.2	+4.9	+6.0
Mo.....	25,900	107,000	82,500	2,681,000	103.70	25.00	(6/)	-.2	+.8	+5.9
Mont.....	2,100	8,400	6,500	310,000	145.25	36.90	-1.3	-.6	+8.3	+10.5
Nebr. 3/.....	4,800	19,500	15,000	560,000	115.75	28.70	+2.5	+2.9	+11.5	+11.5
Nev.....	1,500	6,100	4,800	190,000	126.55	31.15	+4.9	+6.8	+14.5	+21.0
N. H.....	1,200	5,200	3,900	208,000	166.85	40.20	+1.9	+1.9	+10.3	+15.8
N. J.....	29,900	120,000	91,300	6,040,000	202.00	50.40	+1.0	+1.5	+8.3	+11.7
N. Mex.....	7,800	32,200	24,500	962,000	123.30	29.85	+.5	+.6	+7.6	+8.9
N. Y.....	149,000	611,000	452,000	33,230,000	223.40	54.35	+1.4	+3.3	+15.6	+35.5
N. C. 3/.....	25,500	106,000	80,100	2,555,000	100.25	24.10	+.6	+1.1	-1.5	+1.7
N. Dak.....	2,100	8,300	6,300	374,000	180.70	45.15	+.9	-.5	+8.4	+22.1
Ohio 3/.....	44,900	188,000	142,000	6,222,000	138.55	33.10	+.2	+.3	+.2	+13.3
Okla. 3/.....	20,600	80,800	60,800	2,820,000	137.20	34.90	-.8	-.7	+7.9	+15.9
Oreg. 3/.....	8,200	32,400	23,500	1,284,000	156.20	39.65	+4.5	+4.9	+1.5	+6.7
Pa. 3/.....	56,500	243,000	180,000	8,973,000	158.80	36.85	+.9	+.5	-4.4	+9.2
P. R.....	43,100	178,000	142,000	741,000	17.20	4.15	-1.2	-.3	-7.3	-6.2
R. I.....	6,500	25,100	18,600	1,038,000	160.65	41.30	+1.3	+1.5	+8.0	+19.2
S. C.....	6,400	25,100	20,300	401,000	62.20	15.95	-.8	-1.1	-8.6	-4.2
S. Dak.....	3,300	12,500	9,400	460,000	138.10	36.90	-.8	-.4	+6.7	+22.8
Tenn. 3/.....	20,700	84,100	64,800	2,220,000	107.05	26.40	+.1	-.2	+5.1	+17.4
Tex.....	22,500	101,000	76,800	2,159,000	96.10	21.30	+1.2	+1.0	+8.9	+17.7
Utah 3/.....	5,400	21,400	15,600	779,000	144.65	36.35	+1.3	+.7	+5.3	+13.0
Vt.....	1,600	6,100	4,500	177,000	111.85	29.00	+1.3	+1.1	+.4	+8.2
V. I.....	340	1,300	1,100	26,900	79.60	20.15	+2.1	+.2	+11.4	+14.0
Va.....	11,600	49,600	38,300	1,386,000	119.20	27.90	+2.2	+2.8	+7.3	+23.5
Wash. 3/.....	13,500	51,700	37,700	2,103,000	155.80	40.65	+3.0	+.7	-9.9	-.1
W. Va. 3/.....	21,100	98,400	70,100	2,327,000	110.35	23.65	+1.1	+.6	-8.1	-5.3
Wis. 3/.....	12,200	47,100	35,900	2,206,000	180.60	46.85	-3.5	+.1	+12.8	+21.4
Wyo.....	1,200	4,400	3,400	159,000	137.25	36.40	+2.2	+1.4	+11.3	+13.2

1/ All data subject to revision. 2/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance. 3/ Includes data on unemployed-parent segment; see table 8. 4/ Data for October; November data not received. 5/ Estimated. 6/ Decrease of less than 0.05 percent.

Table 8. Aid to families with dependent children, unemployed-parent segment: Recipients and payments to recipients, by State, November 1966[1]

(Excludes vendor payments for medical care and cases receiving only such payments)

State	Number of families	Number of recipients		Payments to recipients			Percentage change from--			
		Total 2/	Children	Total	Average per--		October 1966 in--		November 1965 in--	
					Family	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total.....	48,900	289,000	198,000	$10,207,000	$208.80	$35.30	+3.3	+3.6	-5.2	+3.9
Ariz.....	4	24	16	520	(3/)	(3/)	(3/)	(3/)	(4/)	(4/)
Calif.....	17,100	101,000	69,800	3,671,000	215.00	36.25	+7.1	+7.2	+30.6	+34.5
Colo.....	700	4,300	3,000	154,000	220.25	35.45	+4.9	+4.9	(4/)	(4/)
Conn.....	380	2,300	1,600	81,500	216.20	35.50	+.4	-10.6	-45.7	-45.6
Del.....	140	800	540	23,100	166.25	29.20	+2.6	-1.1	-16.5	-14.3
Hawaii.....	280	1,800	1,200	65,800	233.40	37.05	+9.5	+7.4	+6.9	+19.4
Ill.....	2,700	17,900	12,600	676,000	252.65	37.85	-5.0	-4.7	-35.8	-32.5
Kans.....	180	1,200	810	43,100	235.65	37.10	-1.9	+1.2	-38.9	-29 0
Md.....	260	1,500	1,000	46,600	181.45	30.15	+9.0	+4.3	-22.3	-20.7
Mass.....	470	2,700	1,900	130,000	275.85	48.80	-10.0	+.2	-19.8	-4.8
Mich. 5/.....	1,400	9,100	6,300	266,000	191.65	29.40	---	---	---	---
Nebr.....	50	350	260	7,100	142.90	20.35	+187.7	+180.6	(4/)	(4/)
N. Y.....	10,900	61,000	41,700	2,739,000	251.30	44.90	+2.1	+4.1	-5.6	+10.7
Ohio.....	2,400	14,700	10,200	453,000	192.35	30.80	-2.8	-4.5	-34.3	-26.7
Okla.....	280	1,600	1,100	53,000	191.50	32.30	+16.2	+15.2	+605.2	+691.2
Oreg.....	800	4,700	3,100	160,000	200.85	34.05	+28.8	+21.1	+5.6	+2.6
Pa.....	2,000	11,600	7,800	336,000	170.75	29.05	+3.4	+5.3	-41.2	-36.1
R. I.....	260	1,600	1,100	53,200	203.00	33.90	+6.2	+8.1	-8.5	+1.2
Utah.....	760	4,400	2,800	90,500	119.70	20.40	+12.3	+1.7	-2.7	+4.8
Wash.....	620	3,600	2,400	107,000	173.40	30.10	+41.7	+23.4	-48.8	-40.8
W. Va.....	7,000	41,000	27,600	963,000	138.35	23.50	-1.6	-1.7	-14.6	-13.4
Wis.....	400	2,100	1,500	89,400	221.75	42.70	-12.2	-12.7	(4/)	(4/)

1/ Data for this segment of the program, shown separately here, are included in data for the total program. All data subject to revision.
2/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance.
3/ Average payment not computed on fewer than 50 families; percentage change on fewer than 100 recipients.
4/ No program in operation in November 1965.
5/ Data for September; October and November data not received.

Table 9. General assistance: Recipients and payments to recipients, by State, November 1966[1]

/Excludes vendor payments for medical care and cases receiving only such payments/

State	Number of--		Payments to recipients			Percentage change from--			
				Average per--		October 1966 in--		November 1965 in--	
	Cases	Recipients	Total amount	Case	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total 2/.....	290,000	611,000	$22,959,000	$79.15	$37.60	+2.6	+1.7	-4.6	+12.7
Ala.....	67	67	920	13.75	13.75	(3/)	(3/)	(3/)	(3/)
Alaska.....	170	600	9,200	54.60	15.30	+16.5	+13.8	-7.3	+.7
Ariz.....	1,900	4,700	108,000	55.40	23.10	-8.5	-1.9	-3.8	-6.3
Ark.....	330	1,100	5,400	16.25	4.75	-5.1	-3.4	-9.4	+10.9
Calif.....	24,700	42,400	1,778,000	72.05	41.95	+4.3	-1.6	+21.3	+48.8
Colo.....	1,200	4,100	49,700	43.00	12.15	+12.6	+12.8	+15.0	+14.8
Conn.....	4/ 4,200	4/ 11,900	4/ 334,000	79.45	28.15	+2.6	-.4	+1.8	+9.2
Del.....	1,400	2,600	73,800	54.55	28.30	-1.3	-1.3	+5.7	+4.6
D. C.....	970	1,000	76,000	78.15	72.75	+1.9	+4.0	+22.2	+22.4
Fla. 5/.....	7,400	(6/)	225,000	---	---	---	---	---	---
Ga.....	2,400	5,800	83,800	34.85	14.45	+2.7	+3.8	-1.5	+9.8
Guam 7/.....	22	27	830	(3/)	(3/)	---	---	---	---
Hawaii.....	1,100	1,800	100,000	90.95	54.45	+7.7	-.1	+35.6	+11.3
Ill.....	19,100	42,500	1,599,000	83.60	37.60	+1.3	-4.0	-8.4	-9.0
Iowa 5/.....	3,000	6,900	113,000	---	---	---	---	---	---
Kans.....	2,300	5,300	193,000	83.30	36.25	+4.6	+1.3	-11.0	+3.0
Ky. 7/.....	1,200	3,800	52,200	43.50	13.65	---	---	---	---
La.....	6,200	6,800	326,000	52.75	48.00	-2.7	-2.7	-19.5	-18.6
Maine.....	1,800	5,500	80,100	45.30	14.70	-14.4	-14.5	-32.4	-31.5
Md.....	8,300	9,500	661,000	79.15	69.25	+2.0	+.4	+8.2	+8.0
Mass.....	7,400	14,700	639,000	86.20	43.40	+.5	+9.4	-.2	+23.5
Mich. 8/.....	16,500	48,200	1,886,000	114.30	39.15	---	---	---	---
Minn.....	6,200	17,500	504,000	81.35	28.80	+8.4	+9.5	-13.2	-15.4
Miss.....	1,200	1,400	20,800	17.90	14.50	-1.4	-3.1	+6.0	+6.5
Mo.....	9,300	11,600	631,000	68.00	54.60	-.3	(9/)	-7.3	-.4
Mont.....	1,000	3,000	54,100	52.25	18.05	+19.8	+13.7	-.2	-3.1
Nev.....	400	820	16,500	41.25	20.20	+15.5	+3.4	-43.5	-37.6
N. H.....	650	2,100	45,800	70.90	21.60	+15.8	+13.1	-12.4	+4.9
N. J. 10/.....	9,500	29,100	1,223,000	128.20	42.00	-1.2	+.6	+3.5	+6.1
N. Mex.....	290	600	11,700	40.65	19.65	+3.5	+5.9	+6.0	+2.5
N. Y. 11/.....	57,500	127,000	6,417,000	111.55	50.65	+1.6	+4.1	+15.1	+38.3
N. C.....	1,600	4,100	40,700	25.40	9.80	-5.7	-11.1	-13.9	-13.0
N. Dak.....	260	1,100	15,500	59.45	14.65	+59.1	+47.9	-11.5	-13.4
Ohio.....	20,400	56,700	1,810,000	88.65	31.95	+4.2	+3.2	-21.4	+10.2
Okla.....	6,300	(6/)	77,800	12.35	---	---	-.7	---	-20.6
Oreg.....	3,400	(6/)	172,000	51.15	---	---	+9.6	---	+1.5
Pa.....	27,500	34,100	2,056,000	74.70	60.30	-.5	-.5	-11.5	-5.8
P. R.....	1,900	1,900	17,000	8.85	8.85	+163.5	+185.9	+70.8	+78.9
R. I.....	2,700	6,900	185,000	68.80	26.85	+4.4	+.3	+8.6	+15.6
S. C.....	1,200	1,400	36,100	29.80	26.65	+4.9	+2.0	-2.2	-3.1
S. Dak.....	260	780	7,800	30.35	10.00	-10.9	-11.8	-34.8	-38.4
Tenn.....	1,600	2,500	47,000	29.30	18.60	-.5	+5.2	-9.0	+16.9
Tex. 12/.....	8,300	(6/)	260,000	---	---	---	---	---	---
Utah.....	620	720	43,400	70.25	60.35	-4.3	+4.5	-14.2	+4.5
Vt. 12/.....	900	(6/)	23,000	---	---	---	---	---	---
V. I.....	180	200	6,900	37.85	35.50	+1.6	-.4	-11.4	-10.7
Va.....	3,100	7,400	163,000	52.55	22.00	+11.3	+5.7	+5.8	+8.8
Wash.....	7,200	12,600	546,000	75.95	43.30	+22.9	+11.1	+5.7	+5.0
W. Va.....	1,700	2,900	65,700	38.95	22.50	-5.0	-.1	+6.9	+8.6
Wis.....	3,900	11,100	298,000	77.10	27.00	+4.3	-1.4	-36.1	-41.3
Wyo.....	350	1,200	22,700	65.65	18.65	+33.8	+27.4	-5.7	-14.7

1/ All data subject to revision. 2/ Partly estimated; does not represent sum of State figures because totals exclude for New Jersey an estimated number of cases and persons receiving only medical care, hospitalization, and/or burial and payments for such services; recipient count also includes an estimate for States not reporting such data. Excludes Idaho, Indiana, and Nebraska; data not available. 3/ Average payment not computed on base of fewer than 50 recipients; percentage change on fewer than 100 recipients. 4/ About 13 percent of this total is estimated. 5/ Partly estimated. 6/ Data not available. 7/ Data for October; November data not received. 8/ Data for September; October and November data not received. 9/ Increase of less than 0.05 percent. 10/ Includes an unknown number of cases and persons receiving only medical care, hospitalization, and/or burial and payments for such services. 11/ Includes an unknown number of cases and persons receiving only medical care. 12/ Estimated on basis of reports from sample of local jurisdictions.

Table 10. Medical assistance: Number of persons on whose behalf payments were made and amount of such payments, November 1966[1]

State	Persons on whose behalf payments were made	Payments
Total, 24 States 2/	(3/)	$157,513,000
Total, 13 States reporting completely	893,000	$87,022,000
Calif	(3/)	43,240,000
Conn	(3/)	2,730,000
Del	(3/)	14,200
Hawaii	4,900	887,000
Idaho	4,000	422,000
Ill	223,000	6,896,000
Ky	(3/)	1,815,000
La	(3/)	1,906,000
Maine	(3/)	597,000
Mass	(3/)	8,622,000
Mich	(3/)	6,205,000
Minn	61,600	5,432,000
Nebr	(3/)	1,488,000
N. Y	299,000	51,129,000
N. Dak	6,700	585,000
Ohio	74,500	3,273,000
Okla	40,200	4,803,000
Pa	91,000	6,894,000
R. I	18,700	765,000
Utah	9,300	689,000
Vt	5,300	323,000
Wash	(3/)	3,249,000
W. Va	(3/)	626,000
Wis	54,100	4,923,000

1/ Program initiated January 1966 under Public Law 89-97. Data based primarily on bills paid during the month and are subject to fluctuations unrelated to provision of medical services. All data subject to revision.
2/ Data not reported by Maryland, Puerto Rico, and Virgin Islands.
3/ Number of recipients not reported by California, Connecticut, Delaware, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Nebraska, Washington, and West Virginia.

Table 11. Medical assistance for the aged: Number of persons on whose behalf payments were made and amount of such payments, November 1966[1]

State	Persons on whose behalf payments were made	Payments	Percentage change from--			
			October 1966 in--		November 1965 in--	
			Number	Amount	Number	Amount
Total	47,600	$5,245,000	-6.9	-9.9	-83.0	-89.9
Ala	43	4,300	(2/)	(2/)	-82.2	-94.1
Ariz	120	1,200	+3.4	-14.9	(3/)	(3/)
Ark. 4/	580	62,300	-3.2	-11.4	-81.8	-69.6
Colo	6,300	5/ 1,194,000	+1.3	+1.7	+23.1	+22.8
D. C	300	164,000	-24.7	-38.1	-66.3	+30.5
Fla. 4/ 6/	74	28,100	-62.2	-59.6	-91.6	-91.3
Guam	(7/)	(7/)	---	---	---	---
Ind	1,500	247,000	+5.2	+9.2	+66.3	+48.0
Iowa	4,700	406,000	+4.6	-8.0	-10.1	-23.3
Kans. 4/	3,900	5/ 517,000	+1.7	-3.3	+16.0	+.2
Mont	1,700	180,000	+3.1	-15.0	+5.1	-37.2
Nev	400	5/ 143,000	+18.9	-5.4	-32.8	-13.7
N. H	2,100	37,800	-14.7	-30.2	-10.1	-62.8
N. J	6,300	5/ 1,688,000	-.6	-3.9	+7.1	+13.6
N. Mex. 4/ 6/	9	2,500	(2/)	(2/)	(2/)	(2/)
N. C	3,500	116,000	-10.1	-50.7	+15.1	-63.7
Oreg	1,300	83,800	+2.1	-14.1	-68.8	-86.8
S. C	78	23,600	-39.1	+383.1	-93.7	-89.5
S. Dak	630	93,600	+5.5	+7.2	-50.6	-19.8
Tenn	10,400	160,000	-21.2	-40.3	-.7	-61.4
Va	3,600	87,200	+.1	-17.9	-15.2	-71.5
Wyo	8	4,400	(2/)	(2/)	(2/)	(2/)

1/ All data subject to revision. Data based primarily on bills paid during the month and are subject to fluctuations unrelated to provision of medical services. 2/ Percentage change not computed on fewer than 100 recipients. 3/ No program in operation in November 1965. 4/ Represents medical assistance for the aged under program for aid to the aged, blind, or disabled and medical assistance for the aged. 5/ Excludes small amount of money payments not subject to Federal participation. 6/ Program discontinued prior to November 1966. Data represent payments made for care furnished recipients prior to that month.
7/ Program in operation, no payments made in October 1966; no report received for November.

Table 12. Amount of vendor payments for medical care for recipients of public assistance, by program and State, November 1966[1]

State	Total 2/	Percentage change from--		Medical assistance	Medical assistance for the aged	Old-age assistance	Aid to the blind	Aid to the permanently and totally disabled	Aid to families with dependent children	General assistance 2/
		October 1966	November 1965							
Total	3/ $191,932,000	+19.5	+52.5	3/ $157,513,000	$5,245,000	$13,531,000	$233,000	$3,051,000	$2,916,000	2/ $9,443,000
Ala.	992,000	-4.9	-31.2	---	4,300	898,000	3,400	85,500	1,000	4
Alaska 4/	101,000	-11.0	+3.8	---	---	27,800	390	14,500	74	58,100
Ariz.	129,000	-2.9	+60.5	---	1,200	128,000	---	---	---	---
Ark. 4/	1,358,000	+2.0	-4.9	---	62,300	895,000	22,900	283,000	58,700	35,600
Calif.	43,240,000	+25.1	+137.6	43,240,000	---	---	---	---	---	---
Colo.	1,949,000	+2.9	+5.0	---	5/ 1,194,000	408,000	4,400	132,000	166,000	44,000
Conn.	2,730,000	+9.9	+16.2	2,730,000	---	---	---	---	---	---
Del.	14,200	-25.9	-72.2	14,200	---	---	---	---	---	---
D. C.	172,000	-54.3	-24.9	---	164,000	1,000	290	2,800	3,300	370
Fla. 4/	1,611,000	-6.0	-2.2	---	28,100	1,235,000	15,400	226,000	106,000	---
Ga. 4/	1,369,000	+4.3	+5.9	---	---	1,072,000	15,100	231,000	51,800	---
Guam 6/	1,700	---	---	---	(7/)	---	---	200	1,500	---
Hawaii	948,000	+139.1	+91.4	887,000	---	---	---	---	---	61,800
Idaho	422,000	-4.6	-11.1	422,000	---	---	---	---	---	---
Ill.	7,685,000	+24.4	+8.7	6,896,000	---	---	---	---	---	789,000
Ind.	1,566,000	-6.2	-5.8	---	247,000	794,000	51,900	200,000	274,000	---
Iowa	1,968,000	-5.0	-3.4	---	406,000	1,038,000	20,600	88,600	208,000	8/ 207,000
Kans. 4/	1,255,000	-14.3	-18.4	---	5/ 517,000	294,000	9,500	121,000	207,000	107,000
Ky.	1,815,000	+27.8	+5.5	1,815,000	---	---	---	---	---	---
La.	1,911,000	-12.9	-31.9	1,906,000	---	---	---	---	---	5,100
Maine	660,000	+21.4	+12.8	597,000	---	---	---	---	---	62,800
Md.	(3/)	---	---	(3/)	---	---	---	---	---	---
Mass.	8,837,000	+6.3	+3.4	8,622,000	---	---	---	---	---	215,000
Mich.	8,696,000	-3.0	+78.2	6,205,000	---	---	---	---	---	2,432,000
Minn.	5,676,000	+4.0	+4.9	5,432,000	---	---	---	---	---	243,000
Miss.	31,200	-13.7	-79.8	---	---	29,300	1,900	---	---	---
Mo.	1,075,000	+2.6	-20.7	---	---	907,000	---	94,200	50,200	23,500
Mont.	597,000	+1.4	-21.1	---	180,000	38,900	700	910	370	376,000
Nebr.	1,488,000	+26.9	+33.4	1,488,000	---	---	---	---	---	---
Nev.	203,000	-2.9	-42.6	---	5/ 143,000	19,700	1,400	---	15,400	23,600
N. H.	219,000	-5.3	-28.0	---	37,800	103,000	5,200	26,700	46,400	---
N. J.	2,748,000	-2.4	-.2	---	5/ 1,688,000	133,000	11,500	300,000	365,000	251,000
N. Mex. 4/	450,000	+11.3	-4.5	---	2,500	193,000	3,000	110,000	134,000	6,700
N. Y.	51,129,000	+54.4	+189.2	51,129,000	---	---	---	---	---	---
N. C.	1,382,000	-13.3	+1.0	---	116,000	359,000	17,700	478,000	307,000	104,000
N. Dak.	595,000	+6.7	-10.9	585,000	---	---	---	---	---	10,100
Ohio	5,087,000	+56.3	+14.2	3,273,000	---	---	---	---	---	1,814,000
Okla.	4,803,000	-.6	+99.6	4,803,000	---	---	---	---	---	---
Oreg.	1,019,000	-3.5	-18.0	---	83,800	499,000	9,500	184,000	168,000	73,200
Pa.	6,894,000	-1.3	+17.2	6,894,000	---	---	---	---	---	---
P. R.	(3/)	---	---	(3/)	---	---	---	---	---	---
R. I.	862,000	+4.2	-3.2	765,000	---	---	---	---	---	96,700
S. C.	537,000	+8.6	-28.7	---	23,600	347,000	20,600	106,000	26,200	14,000
S. Dak.	409,000	+4.9	-17.7	---	93,600	191,000	420	29,900	---	94,400
Tenn.	1,022,000	-2.5	-6.2	---	160,000	683,000	3,700	72,500	104,000	---
Tex.	3,556,000	+.7	+37.3	---	---	2,859,000	2,100	140,000	555,000	---
Utah	691,000	-1.2	+23.4	689,000	---	---	---	---	---	2,600
Vt.	323,000	+4.3	+8.4	323,000	---	---	---	---	---	---
V. I.	(3/)	---	---	(3/)	---	---	---	---	---	---
Va.	627,000	-4.8	-21.1	---	87,200	338,000	10,700	111,000	52,500	27,400
Wash.	3,651,000	+15.2	+9.8	3,249,000	---	---	---	---	---	402,000
W. Va.	650,000	-18.2	-34.5	626,000	---	---	---	---	---	24,700
Wis.	5,073,000	+2.1	+8.0	4,923,000	---	---	---	---	---	150,000
Wyo.	117,000	-14.0	-13.2	---	4,400	41,000	1,100	13,600	14,500	42,600

1/ Amounts represent primarily bills paid during the month and therefore are subject to fluctuations unrelated to provision of medical services. All data subject to revision. 2/ Data incomplete for general assistance. Some States do not report these data and for some the data represent only partial reporting. The total includes an estimated amount for these States. 3/ Data not reported by Maryland, Puerto Rico, and Virgin Islands. 4/ Except for aid to families with dependent children and general assistance, data represent payments for recipients of the specified types of assistance under program for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged. 5/ Excludes small amount of money payments not subject to Federal participation. 6/ Data for October; November data not received. 7/ Program in operation; no payments made in October 1966. 8/ Partly estimated.

assistance. Data for States not reporting these items and for some that did represent only partial reporting. The total includes an estimated amount for these States. 3/ Data not reported by Maryland, Puerto Rico, and Virgin Islands. 4/ Except for aid to families with dependent children and general assistance, data represent payments for recipients of the specified types of assistance under program for aid to the aged, blind, or disabled or for such aid and medical assistance for the aged. 5/ Excludes small amount of money payments not subject to Federal participation. 6/ Data for October; November data not received. 7/ Program in operation; no payments made in October 1966. 8/ Partly estimated.

Table 13. General assistance: Recipients and payments to recipients for selected cities, November 1966[1]

/Excludes vendor payments for medical care and cases receiving only such payments/

City	Number of--		Payments to recipients			Percentage change from--			
				Average per--		October 1966 in--		November 1965 in--	
	Cases	Recipients	Total amount	Case	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total, 18 cities...	119,000	231,000	$11,375,000	$95.45	$49.35	+0.3	+1.4	+5.9	+18.1
Baltimore.....	7,400	8,500	594,000	80.05	70.10	+2.3	+.6	+10.0	+8.2
Boston.....	2,700	3,500	291,000	107.85	83.95	+2.8	+15.0	+6.5	+70.4
Buffalo 1/.....	2/ 3,700	5,300	357,000	96.70	67.90	-11.7	+11.6	-9.5	+1.0
Chicago.....	11,100	23,100	1,085,000	98.00	47.00	-3.0	-7.0	-5.9	-10.4
Cincinnati 1/.....	4,700	16,100	357,000	76.40	22.25	-1.6	-2.2	-11.3	-3.4
Cleveland 1/.....	5,300	13,800	457,000	85.55	33.15	+7.5	+8.1	+36.2	+44.4
Detroit 3/.....	4,600	16,900	521,000	113.90	30.80	---	---	---	---
Dist. of Col.....	970	1,000	76,000	78.15	72.75	+1.9	+3.5	+22.2	+21.8
Los Angeles 1/.....	11,200	16,200	801,000	71.35	49.30	-3.7	-4.1	+42.1	+60.4
Milwaukee 1/.....	2,000	4,600	183,000	92.10	39.80	-11.6	-6.6	-47.7	-46.8
Minneapolis 1/.....	1,500	3,600	143,000	93.00	40.20	+44.4	+9.9	-20.0	-19.4
New Orleans.....	760	820	41,400	54.50	50.45	-4.3	-3.9	-17.7	-17.9
New York.....	41,700	88,100	4,804,000	115.20	54.55	+2.4	+3.4	+25.7	+42.3
Philadelphia.....	7,300	10,400	603,000	82.10	58.00	+.8	+.1	+2.1	+5.7
Pittsburgh 1/.....	8,500	9,300	656,000	77.45	70.25	-1.4	-1.2	-16.6	-9.8
Rochester 1/.....	2/ 560	1,800	59,000	105.45	33.05	-4.4	+13.3	-19.6	+16.0
St. Louis.....	1,700	1,900	107,000	64.55	55.50	-1.1	+1.0	-4.4	-3.9
San Francisco.....	3,500	5,600	240,000	68.85	42.50	-8.8	+6.2	+41.3	+65.8

1/ Data for county in which city is located. 2/ Includes cases receiving medical care only. 3/ Data for September; October and November data not received.

Table 14. Old-age, survivors, and disability insurance benefits, summary data, November 1966[1]

DATA, NOVEMBER 1966

Type of benefit	Benefits awarded in November 1966		Benefits in current-payment status, end of November 1966			Amount of benefits paid 1/ in November 1966 (in thousands)
	Number	Average amount	Number	Monthly rate (in thousands)	Average amount	
Total, OASI and DI	506,357	---	---	---	---	$1,703,048
Total, OASI	456,380	---	---	---	---	1,550,331
Monthly benefits, OASI and DI	412,775	---	22,650,872	$1,631,014	---	1,683,740
Monthly benefits, OASI	362,798	---	20,697,497	1,496,446	---	1,531,023
Monthly benefits, DI	49,977	---	1,953,375	134,568	---	152,717
Old-age (retired-worker)	83,284	$88.79	11,629,673	980,036	$84.27	987,952
Disability (disabled-worker)	21,956	101.09	1,088,853	106,779	98.07	119,642
Wife's or husband's (OASI and DI)	30,808	40.96	2,854,503	122,964	43.08	128,428
Wife's or husband's (OASI)	23,998	42.29	2,636,813	115,453	43.79	119,323
Wife's or husband's (DI)	6,810	36.26	217,690	7,511	34.50	9,105
Widow's or widower's	28,239	75.65	2,589,435	191,779	74.06	199,718
Parent's	271	82.86	34,625	2,647	76.46	2,899
Transitional noninsured (OASI)	164,642	---	580,128	19,954	---	20,106
Primary	149,669	---	565,257	19,694	34.84	19,845
Wife	14,973	---	14,871	260	17.48	261
Child's (OASI and DI)	75,372	---	3,384,266	174,777	---	190,613
Child's (OASI--total)	54,161	---	2,737,434	154,499	---	166,643
Child's (OASI--life) 2/	12,959	37.73	501,106	16,443	32.81	17,781
Child's (OASI--survivor) 2/	41,202	62.74	2,236,328	138,056	61.73	148,862
Child's (DI)	21,211	32.80	646,832	20,278	31.35	23,970
Mother's	8,203	67.39	489,389	32,078	65.55	34,382
Lump-sum death payments	93,582 3/	222.16	---	---	---	19,308

COMPARATIVE DATA

Item	November 1966	October 1966	November 1965
Number of benefits in current-payment status, end of month:			
Total, OASI and DI	22,650,872	22,456,677	20,721,147
Total, OASI	20,697,497	20,518,241	18,997,708
Total DI	1,953,375	1,938,436	1,723,439
Amount of benefits paid (in thousands):			
Total, OASI and DI	$1,703,048	$1,675,325	$1,598,794
Total, OASI	1,550,331	1,523,517	1,459,005
Total, DI	152,717	151,808	139,789
Number of old-age (retired-worker) benefits:			
Awarded	83,284	86,752	122,789
In current-payment status, end of month	11,629,673	11,601,695	11,057,152
Average old-age (retired-worker) benefit:			
Awarded	$88.79	$88.39	$87.66
In current-payment status, end of month	84.27	84.23	83.95
Number of disability insurance (disabled-worker) benefits:			
Awarded	21,956	22,031	23,352
In current-payment status, end of month	1,088,853	1,080,493	981,366
Average disability insurance (disabled-worker) benefit:			
Awarded	$101.09	$102.20	$101.01
In current-payment status, end of month	98.07	98.06	97.75
Number of persons aged 62 and over receiving monthly benefits, end of month (OASI and DI) 4/	17,468,000	17,294,000	16,068,000
Number of persons aged 65 and over receiving monthly benefits, end of month (OASI and DI) 4/	15,504,000	15,329,000	14,208,000
Assets of trust funds, end of month (in millions):			
OASI	$20,569	$20,248	$18,752
DI	1,724	1,711	1,759
HI (hospital insurance)	1,006	1,056	---
SMI (supplementary medical insurance)	148	145	---

1/ Exceeds monthly amount of benefits in current-payment status because initial payments include amounts payable for prior months. Distribution by type of monthly benefit estimated.
2/ Distribution by type of claim for OASI child's benefits estimated.
3/ Average lump sum per worker; there were 86,911 deceased workers represented in the current month's lump-sum awards.
4/ Numbers estimated and shown to the nearest thousand. At the end of November 1966 there were an estimated 1,298,000 women and 666,000 men aged 62-64 receiving monthly benefits.

AMOUNT EXPENDED PER INHABITANT 1/ FOR PUBLIC ASSISTANCE PAYMENTS

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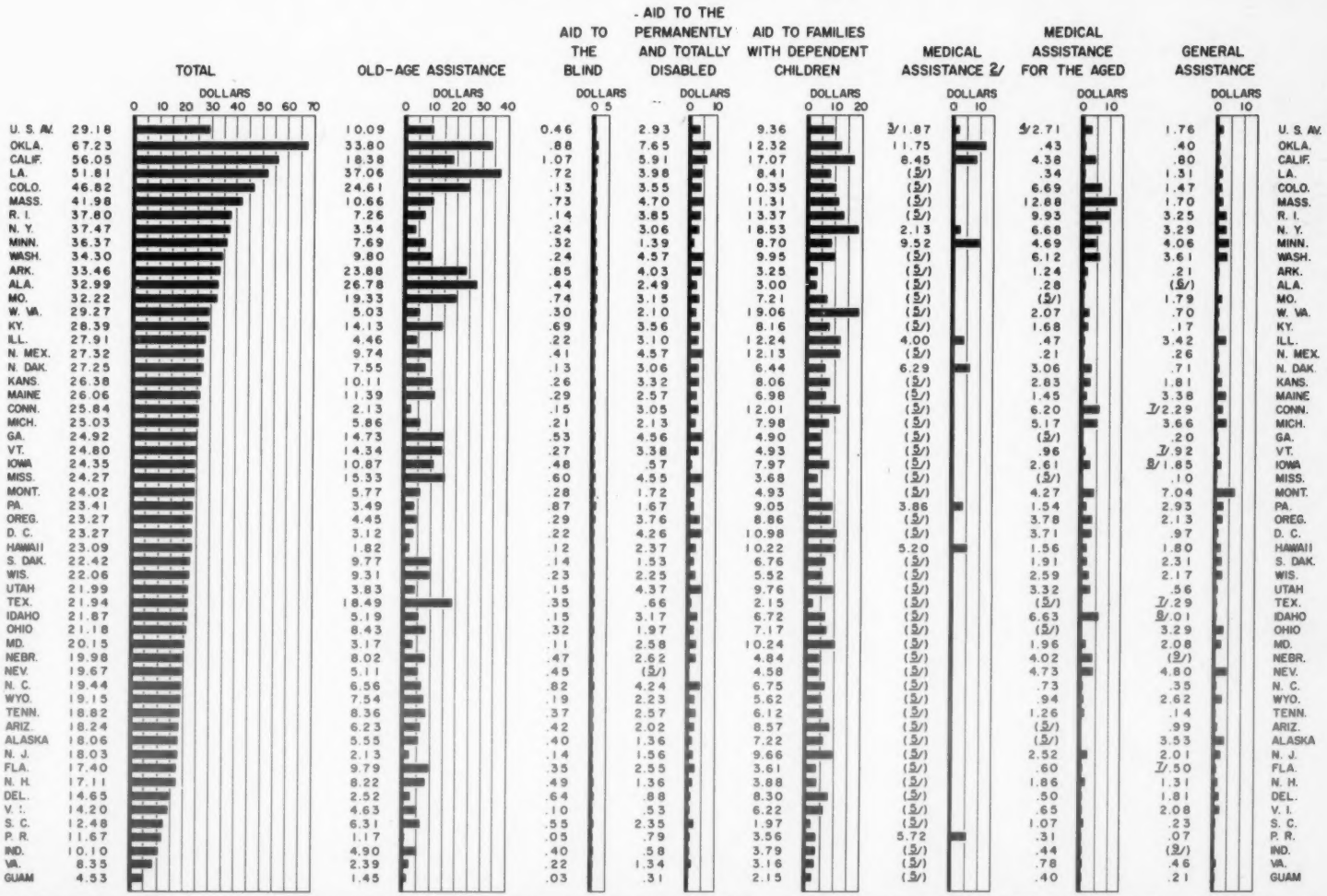
AMOUNT EXPENDED PER INHABITANT 1/ FOR PUBLIC ASSISTANCE PAYMENTS INCLUDING MEDICAL CARE VENDOR PAYMENTS, FISCAL YEAR ENDED JUNE 30, 1966



1/ BASED ON POPULATION AS OF JULY 1, 1966 EXCLUDING ARMED FORCES OVERSEAS ESTIMATED BY THE BUREAU OF THE CENSUS. 2/ PROGRAM INITIATED JANUARY 1966 UNDER PUBLIC LAW 89-97. 3/ AVERAGE FOR ALL STATES. FOR STATES MAKING MA PAYMENTS THE AVERAGE IS $5.35. 4/ AVERAGE FOR ALL STATES. FOR STATES MAKING MAA PAYMENTS THE AVERAGE IS $3.27. 5/ NO PROGRAM. 6/ LESS THAN $0.005.
7/ ESTIMATED. 8/ INCOMPLETE. 9/ NOT REPORTED.

U.S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
Welfare Administration

WASHINGTON, D.C. 20201

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MARCH 1967
Volume 5 Number 3

U. S. DEPARTMENT OF
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Welfare Administration